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FACULTY PERCEPTIONS OF ARTICULATION
BETWEEN PUBLIC TWO- AND FOUR-YEAR
COLLEGIATE NURSING PROGRAMS IN
MASSACHUSETTS

A Dissertation Presented

By

M. PHYLLIS LORD

Submitted to the Graduate School of the
University of Massachusetts in partial
fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

February 1985

Education

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To Dr. Ruth A. Smith, a special
friend and colleague, for her
generous gifts of time, effort,
and personal concern in support
of this effort.

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ABSTRACT

Faculty Perceptions of Articulation Between Public Two- and Four-Year Collegiate Nursing Programs in Massachusetts

(February 1985)

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Directed by: Dr. Sheryl Hruska

This study examined the perceptions of nursing faculty in Massachusetts public higher education concerning articulation between the associate (ADN) and baccalaureate (BSN) levels of nursing education. Objectives were to determine faculty perceptions of:

1. compatibility/incompatibility of the two levels;
2. pressures against and for articulation;
3. strategies to encourage or discourage articulation;
4. participant's willingness to promote articulation in Massachusetts.

The study had two parts. The first involved interviews with a selected sample of nursing faculty (N=10). Data were used to develop the questionnaire distributed to ADN and BSN faculty in Part Two (N=179). Completed returns numbered 149 (83%).

Major findings, implications, and conclusions follow:

1. Eighty percent or more of each faculty group found the

two levels of programs compatible (due to common core or overlapping content), and were willing to promote articulation. This suggested that a strong base exists for opening faculty discussions on planned articulation.

2. Philosophical beliefs, lack of a clear definition of nursing, and need to protect program territoriality were perceived as pressures against articulation. Social forces were seen as pressures for articulation.

3. The major strategy to encourage articulation was seen as the evaluation and adjustment of curricula by both levels of education; one entry level into professional nursing (BSN) was perceived as a strategy to discourage articulation.

4. Generally, ADN faculty expressed stronger opinions of either agreement or disagreement than did BSN faculty on pressures and strategies for and against articulation. The BS faculty responses were much closer to "undecided" on the majority of items. Further research on articulation issues was indicated.

5. Less overt resistance to articulation was found than could have been predicted, given the slow movement in the state toward planned articulation. The base seems to exist for a concerted, organized, regional effort in this direction. Given the indecisiveness of BSN faculty responses,

however, the BSN group may be more open to other alternatives than ADN faculty for facilitating the educational mobility of ADN RNs.

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CHAPTER I

INTRODUCTION

The Problem

Over the years the need for educational mobility between associate degree and baccalaureate programs in institutions of higher education has been identified and documented in various national, regional, and state studies. Perhaps nowhere has this need been more forthrightly stated than by the National Commission for the study of Nursing and Nursing Education (NCSNNE, 1973):

If there is one thing that our Commission, and society as a whole, would find intolerable in nursing education, it would be the spectacle of our having solved the dilemma posed by the collegiate/noncollegiate institutional impasse [i.e., collegiate versus diploma programs], only to have it replaced by a gulf between the two collegiate components, [i.e., associate degree and baccalaureate programs]. Nursing and nurses need systematic, articulated educational opportunities as surely as they need role enlargement and extension (p. 137).

In addition, the major national nursing organizations have called for educational mobility. The National League for Nursing (NLN) and the American Nurses' Association (ANA) have taken strong positions in support of increased accessibility to high quality educational programs for individuals looking to advance their nursing careers. A

statement approved by the NLN Board of Directors fourteen years ago urged that a system of "open curriculum" in nursing education be established that would take into account the different purposes of the various types of programs, but would also recognize common areas of achievement (National League for Nursing, 1970). In 1978 the ANA adopted a significant resolution that actively supported educational mobility including the use of innovative and flexible educational programs (ANA Commission on Nursing Education, 1979).

In New England participants at a regional conference were asked to identify the three most important problems of nursing amenable to regional collaborative or cooperative actions. Educational mobility was a top priority item, and the statement was made that the region lacks a rational system for nursing education (NECHEN News, 1980).

In Massachusetts it has been over a decade since a joint statement concerning nursing education was issued by the chief executive officers representing the three segments of higher education functioning at that time in the state. These segments were the Community Colleges, the University, and the State College System. In this statement the officers agreed to coordinate their nursing education programs with specified allocation of tasks and linkages among the different programs. This was to be done

through a Nursing Steering Committee which would develop guidelines for a well articulated nursing career ladder, thereby ensuring easy transferability without credit loss between nursing educational programs in the public system. The purpose of such a division of labor was to reduce unwarranted duplication of programs with resultant cost savings to the citizens of Massachusetts, and to enhance flexibility and career mobility for nursing students and/or graduates (Dwyer, Dennis, and Wood, 1972).

Registered nurses (RNs) themselves in Massachusetts are presently speaking out on the need for educational mobility. The official policy stance of the ANA on this subject is supported by its affiliate, the Massachusetts Nurses' Association (MNA) ("Platform 1979-1980"). Further, in a report on the status of nursing in Massachusetts commissioned by the MNA, the need for educational mobility was clearly indicated. A recommendation was made that a statewide coordinated system of nursing education be formulated. This coordinated system would include measures to provide access to baccalaureate education for associate degree graduates with attention given to prior learning and competencies (Chopoorian and Craig, 1979, p. 145).

Despite national, regional, and state recognition of the problem, there has been little progress. It is far from clear that the national organizations are truly

supportive of educational mobility, at least insofar as such mobility is enhanced by planned articulation of programs at each level. There has been no regional planning in New England, and in Massachusetts the proposed coordination among nursing programs in each sector of higher education has never occurred. In order to understand this failure to move vigorously toward articulation it is helpful to examine the history and the different philosophies from which the associate degree and the baccalaureate programs are derived.

Historical Perspective. The initial development of associate degree nursing was based on the premise that associate degree and baccalaureate programs could not and should not be articulated. Montag, who founded associate degree education in nursing in the 1950's, argued that the objectives, content, and teaching methods of the two types of programs were so different that the ladder concept of curriculum development was indefensible. She believed that the two-year programs should be terminal (1959 and 1980). Her philosophy was supported by most of the leading educators of that era, and was subsequently passed on to present day educators. "The Position Paper" of the American Nurses' Association published in 1965 further established that there would be two levels of nursing--the professional (baccalaureate degree) and the

technical (associate degree). This added to the separateness of the two kinds of education.

During this period of development in nursing education, baccalaureate programs were conceptualized as building upon a liberal arts education rather than upon a lower division nursing degree. This pattern was given encouragement by the NLN, which established that the nursing major should be concentrated in the upper division as one criterion for assessing the baccalaureate program for national accreditation. Baccalaureate graduates were perceived as well grounded in theory, and programs emphasized the psychosocial aspects of nursing as much, if not more than, physical care of the hospitalized patient (Bullough, 1972 and 1979).

Associate degree programs, on the other hand, were built with a modicum of liberal arts and science offerings, taught concurrently with nursing courses. Graduates were prepared primarily to give direct bedside care to the sick in hospital settings (Bullough, 1979). Thus the profession attempted to draw a distinction between the two levels of education despite the fact that graduates of the two programs sat for the same licensure examinations. Graduates of both programs, upon successful completion of these examinations, became registered nurses (RNs). Furthermore, the majority of RNs, whether prepared at the associate

degree or baccalaureate level, were employed in hospital settings where their responsibilities were primarily related to direct patient care. Thus, while preparation for practice was perceived as different, licensure and the expectations of the nurse in the work setting remained the same.

Philosophically then, the associate degree and baccalaureate nursing programs were perceived as separate and complete in themselves, rather than as different levels of the same program. Many associate degree and baccalaureate faculty members continue to hold this view. Moreover, it is difficult, at best, to change philosophical values. Drage (1971) put it this way:

Philosophically, most of us are locked into a system of thinking about the utilization and preparation of health manpower as it was 20 to 30 years ago, not as it could, should, or must be today. . . . If we are to get from where we are to where we must be, we must accommodate ourselves to change;. . . . Living with these requirements is not easy when one does not philosophically accept or does not know how to evaluate knowledge and skill gained in previous educational or work experience (pp. 1356-1358).

In retrospect it is understandable that the dichotomy between programs established in the 1950's and 1960's precluded the concept of articulation; i.e., the process of bridging programs in such a way as to provide for the efficient, forward progress of graduates from the associate degree nursing level to the baccalaureate level. During

the decade that followed, the need for educational mobility was increasingly recognized. Despite reluctance to change, some nurse educators have made efforts to address the problem. Mechanisms such as instructor-made challenge examinations and College Level Examination Program (CLEP) tests were, and continue to be, provided by most four-year institutions for awarding students advanced placement in nursing. Few curricula have been planned, however, so that a student may complete a two-year program and continue on toward a baccalaureate degree without facing barriers to be surmounted and/or gaps in the educational process that must be bridged. Why is this the case when the need is so apparent for a rational, coordinated, closely articulated system of nursing education? The struggle within the profession to move the education of nurses into colleges, coupled with efforts on the part of national organizations to attain true professional status for nursing, have led to an apparently rigid stance in regard to academic standards and curriculum planning. The positions that these organizations have taken, while understandable in light of the history of nursing, have slowed progress toward erasing the dichotomy that exists in collegiate nursing education.

The Present Situation. In Massachusetts Chopoorian and Craig (1979) have conjectured that the failure to address purposeful attention to the issue of appropriate curriculum and program offerings for RNs may be attributed to the following factors:

- existing (NLN) accreditation policies which have favored traditional generic programs;
- the difficulty in educational planning for such a diversified group of learners;
- the particular problems of faculty for recruitment and program planning for a part-time student population that can be unpredictable in numbers attending at any one time; and
- the growing tendency to attract younger and less experienced faculty members in schools of nursing, creating difficulties within the educational process when students who may indeed have been more professionally active interact with faculty members who may have more limited clinical expertise (pp. 45-51).

It appears that there may also be other factors in operation that are preventing vigorous movement toward articulation. A pilot study conducted in 1980 (Lord, Note 1) provided insight into the importance of faculty perceptions regarding this issue. The perceptions that were identified included differences in the quality and depth of teaching at each level, in the academic preparation of faculty, and in the type of students attracted to each program. The perceptions most vehemently expressed dealt with philosophical reasons as to why articulation was inappropriate. These reasons seemed to hark back to the philosophical positions upon which the programs were

originally based, and appeared to influence beliefs as to whether or not the programs were compatible and could or should be articulated. The pilot study further indicated that unless faculty believe in educational mobility, articulation simply will not happen.

Change will be slow to take place until the nurse educators at both educational levels see it as necessary, unless, of course, it is mandated by legislation, as happened in California (Drage, 1971). Why are faculty reluctant to articulate programs between the two- and four-year levels? A study to determine faculty perceptions of articulation between public two- and four-year collegiate nursing programs was designed to assist in identifying forces that both facilitate and impede movement toward a well planned, coordinated system of nursing education in Massachusetts.

Purpose of the Study

The purpose of this study was to determine the perceptions of nursing faculty in the public community college, state college and university systems in Massachusetts concerning articulation between the associate degree and baccalaureate levels of education. Specifically the objectives were to:

1. Determine faculty perceptions of compatibility or incompatibility between the two levels of programs;
2. Ascertain faculty perceptions of the pressures against articulations; i.e., blocks, barriers, or inhibitors, and the pressures for articulation; i.e., supports, aids or motivators;
3. Ascertain strategies by which faculty perceive that articulation between the two levels of programs can be encouraged or discouraged; and
4. Determine participant's expressed willingness or unwillingness to promote articulation efforts within the system of higher education in Massachusetts.

The study was designed to help answer the question posed as to why articulation between two- and four-year nursing programs in Massachusetts is so slow to take place.

Limitations

The study included a focused sample in order to gather data from a population where follow-up work on articulation would be possible if support existed. More specifically, limitations of this study were as follows:

1. Only associate degree and generic baccalaureate

nursing programs within the Massachusetts system of public higher education were included.

2. Only those programs that are accredited by the National League for Nursing were included.
3. Only full-time faculty who have completed a minimum of one year of college teaching or administration at either the associate degree or baccalaureate level were included.

Definition of Terms

The following operational definitions were used throughout the study:

1. Accredited Nursing Program - A program recognized by the National League for Nursing as meeting certain predetermined criteria or standards.
2. Articulation - The process of bridging programs in such a way as to provide for the efficient, forward progress of graduates from the associate degree nursing level to the baccalaureate level in nursing. Implicit in this process is the organization of instruction into a harmonious whole.*

*Definition adapted from Frederick C. Kintzer, Middleman in Higher Education, San Francisco: Jossey-Bass, 1973, p. 1 and Richard J. Ernest, "Articulation: A Working Definition," Community College Review, V4 (Spring 1978) pp. 32-34.

3. Associate Degree Nursing Program - A nursing program in the community college system in Massachusetts, which is technical in nature, can be completed in two years, and prepares for the State Board of Nursing examination for licensure as a registered nurse (RN).
4. Challenge Examination - An examination used to test the attainment of knowledge and skills expected in a specific course in a nursing program curriculum.
5. Educational Mobility - Movement of graduates from associate degree to baccalaureate nursing programs.
6. Faculty - Full-time nurse educators responsible for teaching the nursing component of the nursing program, and the program director or dean; i.e., the person who holds legal responsibility for the program under the Massachusetts Board of Registration in Nursing.
7. Baccalaureate Nursing Program - A nursing program in the state college or university system in Massachusetts which is professional in nature, can be completed in four years, and prepares for the State Board of Nursing

examination for licensure as a registered nurse (RN).

8. Registered Nurse (RN) - The designation given to an individual who is licensed to practice professional nursing.

Basic Assumptions

Certain basic assumptions about nursing education were important foundations for the initiation and design of the present study. These beliefs underscore the importance of making progress on the problem of articulation and provide the incentive to work on a problem which has seen little progress in Massachusetts.

1. Preparation for nursing will continue to be offered in associate degree and baccalaureate programs.
2. Many associate degree graduates will wish to continue their education at the baccalaureate level.
3. Without planned articulation there will continue to be barriers to the efficient, forward progress from the two-year to the four-year level.
4. There is a common core of content in associate degree and baccalaureate programs.

5. Faculty in two- and four-year schools are the individuals primarily responsible for the implementation of articulation efforts between their levels of programs.
6. Until there is planned articulation, nurses returning for further education will not receive full academic credit for prior learning.

Significance of the Study

The entire thrust of social thought in this century has been toward allowing the individual to reach her or his highest potential. This is especially true as women have fought for equal rights in the working world. Further, more women than ever before are finding work outside the home an economic necessity. A predictable reaction to the two-levels-of-practice policy is that increasing numbers of associate degree RNs will seek admission to BSN programs in order to advance in their chosen career.

Economic changes are also taking place at the federal and state levels. The present national administration has indicated that a line must be drawn on public spending. Passage of Proposition 2½ in Massachusetts echoed a similar theme. Clearly a period has been entered that is marked by dramatically reduced financial resources for education and other public services. Articulation of

the two levels of nursing education could reduce duplication of programs, provide for more efficient use of faculty, and decrease the time, effort, and money spent by students in nursing. The result would be savings for citizens across the state.

More career choices than ever before are available to women, thus limiting the number who select nursing. This trend, together with the decrease in school-age population, add fuel to the prediction of a shortage of working RNs in the near future. It is projected that the United States soon will have a deficit of well over 500,000 baccalaureate prepared nurses (Lysaught, 1981). If the nursing needs of the nation are to be met, it is urgent that a "feeder" system be supplied to four-year programs in the form of articulated programs in the collegiate setting.

With so much evidence of the need for articulation, and so little evidence that in Massachusetts anything was being done about it, a study was needed to provide insight into this failure to act. The study identified problem areas, drew implications for change, and provided direction for future planning of nursing education within the Commonwealth.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Articulation between two- and four-year collegiate nursing programs received little consideration until the past decade. The reasons for this lack of attention are addressed in this review of the literature, followed by an examination of subsequent developments. Emerging positions in nursing education are reviewed relative to bridging programs in such a way as to provide for the efficient progress of graduates from the associate degree to the baccalaureate level of nursing, with instruction for the students organized into a harmonious whole. An examination of the importance of the faculty role in successful implementation of articulation concludes the chapter.

The Emerging Need for Educational Mobility

During the 1950s and 1960s attention within the profession was primarily focused on the movement of hospital-based nursing programs into institutions of higher education, especially into the two-year community colleges

which were rapidly increasing in numbers across the United States. The two levels of nursing programs, associate degree and baccalaureate, were considered to be completely separate entities during that period of time. Once the movement into the collegiate setting began to stabilize, a second problem became apparent; that is, the need for educational and baccalaureate levels of education.

The Need Identified and A Solution Proposed. One of the first to identify the need for educational mobility was the National Commission for the Study of Nursing and Nursing Education (NCSNNE) in 1970. The Commission proposed articulation as a solution in recommending that:

. . . junior and senior collegiate institutions cooperatively develop programs and curricula that will preserve the integrity of these institutions and their aims while facilitating the social and professional mobility of the nursing student (p. 110).

The concept of articulation was specifically discussed and a warning was sounded that care needed to be taken in curricular planning to avoid unnecessary impediments between collegiate programs in nursing that would inhibit the orderly transfer and acceptance of qualified individuals who wished to pursue higher career goals.

To assist in the implementation of this proposal, the Commission recommended that each state establish a

master planning committee to take nursing education under its purview in order to ensure that such coordinated education would be positioned in the mainstream of American educational patterns. Further, the Commission recommended that joint planning committees be established between and among collegiate institutions for the study and development of articulated curricula. Thus an important national study stressed the need to pay attention to this vital issue of mobility, and strongly urged that joint planning between the two collegiate levels comprise the future pattern of nursing education (NCSNNE, 1970).

A Different Solution. Concurrent with the report from the National Commission, the Board of Directors of the National League for Nursing (NLN) issued a statement that also identified the need for educational mobility "in the light of ability, changing career goals, and changing aspirations among nurses" (1970). The solution of the League, however, was not the same as that advocated by the NCSNNE. The NLN recommended, instead, an "open curriculum in nursing education", defined as "an inter-related system of achievement. . . with open doors rather than quantitative serial steps" (1970).

An Advisory Committee for the Study of an Open Curriculum was established which, among other activities,

directed that work begin at once on identifying testing instruments and stimulating the development of new ones (Lenburg and Johnson, 1974). It was thus assumed that the nursing major would continue to be taught in the upper division of the baccalaureate program, and that to receive credit for previous learning, associate degree RNs would be required to validate their knowledge and skills through "challenge" examinations.

The result of this activity was that while both the NCSNNE and the NLN recognized the need for educational mobility, the routes by which it was to be achieved were far different for each. The NCSNNE recommended cooperative and collaborative curricular planning between programs, leading to an articulated collegiate system for nursing education. The NLN, on the other hand, held to the traditional "separatist" philosophy of nursing education, indicating that testing of associate degree graduates for previously learned knowledge and skills would be the key to progression through the system.

A Third Solution. Concomitant with these developments individual nurse educators were also identifying and proposing solutions to the need for educational mobility. Dustan (1970) and Schoenmaker (1975) developed and refined a concept that combined the separatist philosophy with articulation of programs between two and four year in-

stitutions. These nurse educators advocated a plan for generic baccalaureate students whereby lower-division transfer curricula (consisting of general education courses) in selected two- and four-year colleges would be coordinated with the upper-division major in nursing at a state university. Thus the concept of cooperative and collaborative curricular planning between two- and four-year institutions and systematic transfer of credits was promulgated in one geographic area. A similar concept of transfer of general education courses from the community colleges to the state colleges and universities had been accepted in Massachusetts under the Transfer Compact of 1971, although this plan has had little effect upon the transfer of nursing credits from two-year programs to four-year programs in the Commonwealth.

As the decade progressed educational mobility for registered nurse students became a fact of life. The problem that emerged was one of how best to bring about this mobility so that it benefited both the students and the profession. Conflicting philosophies of nursing education led to two major schools of thought that were reflected in curricula across the country. The dichotomy centered primarily on whether nurses and nursing believed in articulation of programs or in the traditional separatist, or "purist" philosophy, as it was sometimes called.

Another Issue Introduced. While these differences were being debated, a third issue was introduced, this one initiated by the American Nurses' Association. The issue, spelled out in the 1978 Resolutions, contributed to the separatist philosophy in that the Resolutions called for two distinct levels of practice, and implied different licensure for each (ANA Commission on Nursing Education, 1979).

Having asserted its position concerning preparation for practice in 1965 (ANA's First Position on Education for Nursing), the ANA in 1978 stepped up its efforts to "clarify and strengthen the system of nursing education" (ANA Commission on Nursing Education, 1979, p. 5). The House of Delegates at the 1978 biennial convention adopted three significant resolutions that dealt with these matters. The second and third resolutions were particularly pertinent to this study.

The second resolution called for "establishing a mechanism for deriving competency statements for the two categories of nursing practice" (ANA Commission on Nursing Education, 1979, p. 6), that is, the associate degree and the baccalaureate levels of preparation for nursing. Of particular importance was the term "categories," for it denoted philosophical differences among nurses in relation to technical and professional preparation for

practice. Rejection of the word "level" and substitution of "category" may have been most telling aspect of the entire set of resolutions, according to Styles and Wilson (1979), who described it this way:

In eavesdropping on inside discussions of the various parties in the House of Delegates debate, it became apparent that the word "category" was held to be desirable, for different and almost contradictory reasons, by persons espousing different philosophies. Among the "nurse-is-a-nurse" forces, CATEGORY is preferred to level because it represents non-hierarchy--i.e., one category not necessarily subordinate to or lesser than the other. The elitist or separate forces also prefer CATEGORY because it suggests that there is no passage between what may be called, for lack of more precise terms at the moment, the non-professional and the professional categories; that is, these are not different levels, but different universes (p. 44).

The third resolution of the ANA stated that:

. . . Whereas, The overwhelming majority of registered nurses currently do not hold a baccalaureate in nursing and vocational nurses do not hold an associate degree; and Whereas, Future employment of nurses undoubtedly will be based on academic preparation as well as licensure, . . . be it Resolved, That ANA actively support increased accessibility to high-quality career mobility programs that utilize flexible approaches for individuals seeking academic degrees in nursing (ANA Commission on Nursing Education, 1979, pp. 6-7).

Thus it was implied that associate degree graduates would be licensed as vocational/practical nurses rather than as registered nurses, and that only nurses prepared at the baccalaureate level would be licensed as RNs. Was this a deliberate obfuscation because the organization

is not yet ready to take a clear, unequivocal stand? The resolution served to confuse, rather than to clarify, the issue of licensure for associate degree graduates and contributed to the separatist philosophy of educational programming (Lord, Note 2).

Therefore, although the ANA supported career mobility, in the final analysis the association favored separate programs at the two educational levels, and seemed to promote different licensure for the two levels or "categories" of nurses. Interestingly, the association was unable to take a clear unequivocal stand, and no solution in support of educational mobility was proposed that would make possible a natural progression from the associate degree to the baccalaureate level of education. Resistance to articulation had already appeared in the literature (Bensman, 1977; Fagin and McClure, 1976; Schlotfeldt, 1976; and Sorensen, 1976). The issues of two distinct programs and the possibility of separate licensure for each, as hinted in the 1978 Resolution of the ANA, served to further divide the profession and undermined articulation efforts.

Positions Solidify in Relation to Solutions for
the Problem of Educational Mobility

Throughout the decade of the 1970s, nursing literature reflected a solidification of the two major positions concerned with solving the problem of educational mobility. Individual nurse educators wrote of their beliefs. The NLN and the NCSNNE further clarified their positions, and other groups took action in support of their convictions. In a number of sections of the country, state and regional planning developed with articulation as the outcome. Some areas indicated resistance to coordinated curricula, while others strongly supported it.

Resistance to Articulation. On the part of associate degree and baccalaureate educators alike there was resistance to articulation of programs as a solution to the problem of educational mobility. Posing the question, "Have we lost sight of the AD philosophy?" Bensman (1977) stated her belief that "present goals, curricula, and attitudes in relation to AD programs indicate a gradual erosion of the premises on which this form of nursing education was based" (p. 511). This educator saw the trend of educational mobility emerging with the subsequent development of programs that tried to insure transfer-

ability of credit. She believed this to be a questionable practice. In her words:

All students, including those in nursing do change goals, and unreasonable roadblocks should not impede their pursuit of another career or another level of functioning. However, the marked concern of associate degree educators for easy transition of their graduates into baccalaureate programs leads one to question the commitment of those educators to the value of the technical role (p. 513).

Montag (1980) also continued to resist articulation efforts. She expressed it this way:

With respect to upward mobility, the early programs were content with being what they were intended to be--complete within themselves, possessing an integrity of their own. I suggest that if too much attention is paid to articulation with the baccalaureate program, both program will suffer (p. 249).

In answer to the question, "Can we bring order out of the chaos of nursing education?" a renowned baccalaureate nurse educator and a noted director of nursing service expressed their belief that the educational base for RN licensure should be the baccalaureate degree (Fagin and McClure, 1976). Another nursing scholar went even further to envision professional education in nursing as being built upon a solid base of general education and resulting in a doctorate in nursing (Schlofeldt, 1976). These individual nurses clearly differentiated program levels and supported nothing less than a BSN for entry into the professional level of practice. Fagin, for

example, believed that associate degree candidates could be licensed as practical nurses as a means of bringing chaos out of nursing education (p. 104). Remarkable by its absence was any discussion of career mobility.

Another leader in baccalaureate education expressed her concern for the devaluation of the traditional BSN curriculum if nursing educators became preoccupied with articulation efforts and other forms of curricular planning in order to provide recognition for previous learning (Sorensen, 1976). She, too, seemed to favor separate generic baccalaureate programs:

I can and do accept the concept of open curricula that permit individuals to change career goals, to continue their education, and to move upward, with opportunity to validate and receive credit for previous learnings and experience. . . . What I cannot accept, however, is any underselling, under-rating, or undermining of traditional baccalaureate education in nursing. And I am afraid that is what will happen if our current pre-occupation with programs to accommodate those who first selected another route to nursing operates to the detriment of baccalaureate programs in nursing for generic students (p. 385).

At the national level, resistance to articulation efforts was again demonstrated by the NLN in a Position Statement on Educational Mobility published in 1982. While continuing to support the development of flexible educational programs which allow nurses to advance from one educational level to another (Goals of the NLN, 1979-1981), the League stated that preparation for each type

of nursing practice could best be provided through "appropriately designed. . . programs that are specific to their purpose and complete in themselves" (1982). Once more the "separateness" of programs was encouraged. Further, it was the League's position that in a plan for educational mobility, opportunity should be provided for students "to validate previously acquired educational and clinical competencies to facilitate advanced placement" (1982). This continuing emphasis by the NLN on testing for advanced placement would seem to be the very "unnecessary impediments" forewarned by the NCSNNE fourteen years ago (1970, p. 116). Such a stance has led to the charge that the National League for Nursing has assumed no forceful leadership in the development of a collegiate system for nursing education (Lysaught, 1981).

Articulation was both resented and embraced within the profession. While ambivalence and lack of substantial agreement upon a goal prevailed, support for articulation was increasing across the United States. This was not, however, the case in Massachusetts.

Support for Articulation. Forceful, direct language was used by the NCSNNE in its second report (1973) to emphasize the need for planned curricular coordination. The Commission put it this way:

Development of a comprehensive plan for nursing education implies more than simply shifting the responsibility for that education into collegiate institutions of the country. There is a need to ensure that those institutions, in turn, provide reasonable linkages between two-year and four-year programs so that students see an educational ladder they might ascend (p. 155). . . . The ultimate solution to the problems of educational patterning requires coming to grips with the relationship between two- and four-year collegiate programs in nursing (p. 158).

In the course of implementing its recommendations, the NCSNNE sought to investigate new departures in educational articulation and to publicize them as widely as possible. Twenty-six states had operational master planning committees for nursing education, and twenty-one more states were developing them (1973, p. 158). Included were those in such geographically diverse states as Georgia, Indiana, Arkansas, Nebraska and California (1973, pp. 159-161). Massachusetts was not one of these states.

The Commission completed its work in 1973, but made a commitment to implement the proposals it had generated. Subsequently, a third report, written by Lysaught, was published in 1974. Once again the issue of articulation was emphatically addressed. Lysaught (1974) stated:

In this the last quarter of the twentieth century, nursing is still beset by educational problems of patterning and articulation that could have been resolved years ago. Of all the American professions, nursing alone still suffers from a bifurcated, preparatory system that separates educators into rival camps--and places great burdens and difficulties upon the students caught between (p. 226).

In case there was any question as to the meaning of the term "articulation," Lysaught (1974) clarified it this way:

We ought to be able to have the various levels of preparatory institutions so designed and articulated that a student leaving one level could, immediately or at a later point, transfer easily and with full credit for work completed, into an upper level program (p. 253).

Finally, Lysaught (1974, p. 260) referred to the internecine struggles within the nursing profession by stating that while institutions and their directors have engaged in political and economic warfare, the students have paid the price of extra time, unnecessary expense, and redundant learnings. Lysaught, further, deemed it essential that the national organizations in nursing recognize the results of their "folly and insensitivity," and urged again that a new system of nursing education be developed that would be carefully planned and coordinated to include articulated programs between junior and senior collegiate institutions (pp. 260-261).

Despite the conflicts within the profession, articulation became a reality in several sections of the country by the latter half of the 1970s. A number of projects had been developed which proved that a great many nurse educators, as well as groups outside the profession, supported the collaborative concept of curricular planning.

State and Regional Articulation Projects

A search of nursing literature revealed four major articulation projects in various stages of development throughout the United States. All four, in one form or another, grew out of the work of the NCSNNE. California was the first state to implement a system of articulated nursing education.

Articulation Mandated--The Ladder Concept Developed.

The California project began in the early 1970s, spurred on by nurses discontented because of blocked educational mobility. These nurses were able to gain the ear of state legislators. The result was a series of revisions in the Nurse Practice Act which in effect mandated more opportunities for upward mobility in the nursing educational system (Cobin, Traber, and Bullough, 1976). Bills were passed that required the giving of credit for previously acquired knowledge and skill (Drage, 1971). In southern California, the Orange County/Long Beach Nursing Consortium was formed, comprised of five community colleges and two state colleges. Between 1971 and 1975 a five-step educational ladder had been hammered out (Cobin, et al., 1976).

A number of individual nurse educators in California accepted the concept of articulation and wrote in support of it, using such phrases as "Core Courses and a Career

Ladder" (Drage, 1971), "ladder progression" (Wood, 1973), "You Can't Get There From Here: Articulation in Nursing Education" (Bullough, 1972), and "Granting Credit for Previous Learning" (Wu, 1978). These phrases were descriptive of the active growing support for articulation in this part of the country. As a result, California nurse educators have been in the vanguard of the articulation movement.

Legislative Pressure for Articulation Continues. Kentucky was another state in which nursing responded to legislative action. The General Assembly in 1972 charged the Council on Public Higher Education with an analysis of the needs for higher education in that state, and with the development of a plan to meet those needs. One result was a report on nursing education that defined issues and made recommendations to address the needs that were identified. The Ad Hoc Study Group on Nursing recognized that "although institutions may offer some provisions for upward mobility there is no formal system in nursing education in Kentucky to provide for career mobility through the educational process without undue loss of time and/or credit" (Kentucky and Health Sciences Education, 1975, p. 25). Support for articulation was shown in the recommendation that

the Council on Higher Education should encourage the development of a cooperative system of nursing education with carefully planned, articulated nursing programs to minimize expense, loss of time and credit, and duplication of content between two-year and four-year programs (p. 25).

Again, the point was stressed in Kentucky, as in California, that nursing wanted a planned system for upward educational mobility, and that such a system was economically necessary if the state's resources were to be wisely used.

A Common Core of Knowledge and Practice Defined. While this work was proceeding in Kentucky, another curriculum project, also growing out of the work of the NCSNNE, developed throughout the southern states. The Southern Regional Education Board's (SREB) Council on Collegiate Education for Nursing endorsed the concept of articulation and developed a blueprint conceptualizing a proposed role structure for nursing practice (SREB's Nursing Curriculum Project: Summary and Recommendations, 1976). The major contribution of the project, however, from the standpoint of this study, was the base of knowledge and practice common to all nurses that was defined and upon which other levels of nursing could build. This work was analagous to the work done by Wood (1973), and provided evidence that planned articulation for nursing was educationally sound. The demonstration phase of SREB's Nursing Curriculum Project was nearing completion in 1982. The Project

directly involved twenty-two institutions and agencies in the fourteen state region served by the SREB (Hasse, 1982). It can readily be seen that cooperative and collaborative planning in support of articulated nursing education has become a reality in the South, as it had in California.

The Common Core Reinforced. Still another curriculum project which grew out of the work of the NCSNNE developed in the Southwest. The New Mexico SNAP Project: System for a Nursing Articulation Program began in 1975. Within four years minimum behavioral expectations of new graduates from New Mexico schools of nursing had been developed and implemented. Each level of nursing built on the preceding level (Ferrell, 1979), indicating once again that there was a common core of knowledge and practice that makes articulation in nursing an educationally sound process.

Recent Trends in Support of Articulation

Despite continuing ambivalence within the profession, nursing literature in the late 1970s and the 1980s indicated strong support for articulation efforts in this country. A number of nurse educators reported changes that were indicative of a shift in philosophical beliefs.

Changing Positions of Nurse Educators. In a study of proposed policy directions for nursing education based upon areas of agreement among administrators of preparatory programs in nursing, Smith (1980) found that one of the policy directions on which there was agreement was that associate degree and baccalaureate programs should cooperate in the development of programs and curricula that facilitate the educational mobility of nursing students.

Ehrat (1981), writing on educational/career mobility as the antecedent of change, stated that time is the only variable in the changing pattern of nursing education. The author cites Texas, Utah, New Mexico, California, and Missouri, among others, as states where changes are already taking place, and comments that, "It is merely a matter of upsetting traditional thinking" (p. 508). In her opinion this upset will, indeed, occur.

Kintgen-Andrews (1982) not only wrote of change, but described the development and demonstration of an articulation model in Minnesota. The major goal of the consortium of programs that made up this model was to develop a ladder program that would serve students of a broad geographical region by pooling resources--faculty, educational facilities, and clinical agencies.

Still another nurse educator wrote on "Program

Articulation: What It Is and What It Is Not" (Stevens, 1981). This article described what the author saw as the facts and the politics of articulation. She urged faculty to take an analytic viewpoint, reminding them that articulation (or lack of it) was a design decision, not a universal truth. She further admonished educators against the continuance of antithetical "camps" and constant infighting that has weakened nursing and made the profession vulnerable to charges that it cannot get its house in order.

Support from Massachusetts Affiliates of National Organizations. While the ANA worked to establish two levels of collegiate programs with separate licensure for each, concomitantly resolving to support increased accessibility to career mobility programs across the country, the Massachusetts Nurses' Association (MNA), the state affiliate of the ANA, spoke more directly to the issue. In a status report on nursing in the Commonwealth that was commissioned by the state association in 1979, strong support for articulation was evident in the recommendation that a statewide coordinated nursing education system be formulated (Chopoorian and Craig). Consideration was to be given to "coordination and program planning between the public community colleges and the public state college and university systems toward

greater accessibility between programs" (p. 145).

The Massachusetts-Rhode Island League for Nursing--Council of Associate Degree Nursing Programs, an affiliate of the NLN, also took a direct position concerned with the educational process. The Council published a position paper entitled, "Educational Mobility for Registered Nurses" in the spring of 1982, in which it recommended to the Massachusetts Board of Regents that by 1983 there should be a "statewide systematic plan for nursing education in the public sector of the Commonwealth." To be included in this plan was provision for "granting of direct academic credit for previous nursing courses as is already done for Liberal Arts and Sciences through the Transfer Compact of 1981." Further, the plan would encourage all nursing programs to develop curricula that would build upon prior learning of RN students, and to vigorously pursue interinstitutional "dialogue and collaboration" at all levels of nursing education state-wide or regionally within the state.

Encouragement from Hospitals. In 1980 another commission, the National Commission on Nursing, was established by the American Hospital Association and other hospital-related groups. Primarily concerned with the present and projected shortage of working nurses, the Commission recognized that one solution to the problem was a coordinated system of

nursing education. The recommendation was made that, "Educational mobility. . . must be promoted in the higher education system (baccalaureate) through educational articulation between components of the educational system," and that "accreditation standards should encourage an articulated education system in nursing" (p. 42).

A Recent Report on Articulation Efforts. Writing a longitudinal follow-up on the recommendations of the NCSNNE, Lysaught (1981) continued to press for inter-institutional cooperation and coordination, concomitantly reporting that change is slowly taking place. In his words:

One indication of how far the "unfreezing" of the status quo has proceeded is found in the survey of a stratified, random sample of deans and directors of collegiate programs in nursing completed in 1977. Fifty-six percent of the associate degree programs and 61 percent of the baccalaureate institutions reported that they had ongoing planning activities looking into the examination of curricula and inter-institutional programming for articulation. These figures strongly suggest that the concept of wholly separate education has been quietly buried by a majority of the collegiate programs for nursing and that considerable activity is taking place in the development of mechanisms and arrangements for transition between 2- and 4-year colleges (p. 106).

With so much support for articulation, why was not more activity taking place in Massachusetts? This was an especially salient question when "associate degree nurses constitute almost half (47.8 percent) of the graduates

from all basic registered nurse (RN) programs" in the United States (Allen and Sutton, 1981, p. 497). In Massachusetts associate degree graduates are increasing, while the numbers of baccalaureate graduates are staying about the same, and diploma graduates are decreasing. In 1977 BSN and ADN programs each produced 31 percent of the graduating RN supply, and 37 percent were diploma graduates (Chopoorian and Craig, 1979, p. 32), while in 1981, 39 percent of those who graduated were from ADN programs, 32 percent from BSN schools and 20 percent were diploma graduates (Monaghan, Note 3).

The Faculty Role in Successful Implementation of Articulation

The researcher was able to find only two studies concerned with faculty perceptions of articulation between two- and four-year collegiate programs. Both investigations included associate degree and baccalaureate faculty members, and each indicated the importance of the faculty role in the implementation of articulation.

Faculty Beliefs as Motivators. In 1971 Mobley completed a study to determine nurse-faculty perception of the system of nursing education in relation to articulation, career ladders, and the open curriculum in nursing (DAI, p. 5273). The sample for this study consisted of 464

collegiate nurse-faculty within the region served by the Southern Regional Educational Board. Mobley found that the majority of participants believed that effort should be directed toward achieving articulation between components of the nursing education system, although baccalaureate educators were less in agreement with the premise than were associate degree educators. She also found that, in general, nurse-faculty believed that the ladder concept was functional for nursing curricula, although here again there was less agreement among BSN faculty than among those teaching in ADN programs. This study, a forerunner of SREB's Nursing Curriculum Project (1976), showed the importance of the faculty role and beliefs in the successful implementation of articulation among programs in the South.

Faculty Beliefs as Impediments. The second study, a comparison of the perceptions of community college and baccalaureate nursing faculty in Illinois and Wisconsin relative to articulation in nursing education, was completed by Taira in 1980. The sample for this study, 441 faculty members, was approximately the same size as that for Mobley's study. Using the survey instrument developed by Mobley, Taira found that associate degree and baccalaureate faculty responded differently to a majority of the items. Associate degree educators more frequently

supported articulation than did baccalaureate faculty members. The investigator concluded that the rather wide differences in response between educators in the two types of programs indicated an "attitudinal difference." This suggested a need for greater communication between AD and BSN faculties so that opportunities for the exchange of information and opinion would be possible. Without such opportunities it is doubtful that commonalities and differences between levels of programs could begin to be discussed. The research indicated that various types of "open curricula" plans were ongoing in Wisconsin and Illinois (Taira, Note 4). However, no major articulation efforts similar to those in the South or in California, Kentucky or New Mexico, had developed, nor were any such projects in these two states mentioned in the literature. The implication was that change would be slow to take place until nurse educators at both educational levels saw it as necessary. The importance of faculty beliefs in successful implementation of articulation, or in the failure to implement articulation, was aptly demonstrated in these two investigations.

Summary

During the 1950s and 1960s associate degree and baccalaureate nursing education developed separate, generic programs, each complete within itself. The

profession focused on the movement of hospital-based programs into institutions of higher education, primarily into the community and junior colleges across the country. The need for educational mobility for associate degree registered nurses (RNs) soon became apparent.

This need for mobility was clearly identified by the National Commission for the Study of Nursing and Nursing Education (NCSNNE), and planned articulation of programs was recommended as a solution to the problem. The National League for Nursing (NLN) also recognized the need, but fell short of proposing an articulated system, preferring instead to continue support for the two separate types of programs. The League recommended the "open curriculum" as the solution, with validation of previous learning through testing as the preferred method for educational mobility. Concentration of nursing courses at the upper division, i.e., in the third and fourth years, continued to be one criterion of the NLN for accreditation of baccalaureate programs. The American Nurses' Association (ANA) also recognized the need for mobility and added to the separateness of the programs by resolving that there should be two levels of practice in the collegiate system. The Association implied that each level would require different licensure, and that the baccalaureate degree would be required for the beginning level

of professional practice as a registered nurse.

Positions of nurse educators and other groups interested in nursing began to solidify. Those nurse leaders who believed in the separatist of "purist" philosophy of education resisted articulation and wrote of their concerns. Others, however, favored coordinated curricular planning and supported the bridging of programs so as to provide for the efficient progress of associate degree graduates to the baccalaureate level of education.

A number of curriculum projects grew out of the studies of the NCSNNE. These projects were located in the fourteen state region making up the Southern Regional Education Board (SREB), and in California, Kentucky and New Mexico. Each one contributed to a growing sense of the soundness of articulation as the solution to the problem of educational mobility.

Recent trends indicated further support for planned articulation. Many nurse educators saw it as necessary and hospital groups saw it as a partial solution to the nursing shortage. Nurses in Massachusetts encouraged articulation through their state affiliates of the national organizations, that is, the ANA and the NLN. A recent study from the former director of the NCSNNE suggested that wholly separate education had been quietly buried by a majority of the collegiate programs for nursing.

The nagging question remained. With so much support for a planned, articulated system, why was change so slow to take place in Massachusetts? Two research studies indicated the importance of the faculty role and beliefs in successful implementation of the bridging of programs, or lack of it. A study of faculty perceptions of articulation between public two- and four-year collegiate nursing programs in Massachusetts undertaken by this investigator provided insight into this failure to act.

C H A P T E R I I I

METHOD AND RESULTS

PART 1 - INTERVIEWS

Introduction

This study consisted of two parts. The first part involved interviews with a random sample of nursing faculty from a public community college and a public university in Massachusetts. Data from these interviews formed the basis for the development of a questionnaire which was used in the second part of the study to assess perceptions of nursing faculty in public higher education institutions in Massachusetts concerning articulation between two- and four-year nursing programs. Chapter III describes the method used for the interviews and the results of Part 1. Chapter IV describes the methodology and results of Part 2 of the study.

Method

Subjects. Interviews for Part 1 were held with a random sample of full-time nursing faculty employed at a state university during fall semester 1981, and those employed at a community college in the state system of higher education during the same semester. Program directors

were not included in this part of the study. In both institutions only those full-time faculty were included who had completed a minimum of one year of college teaching at either the associate degree or baccalaureate level. From those who met this criterion and were willing to participate (17 at the university and 6 at the community college), five members from each institution were randomly selected for interviews. The number of interviewees was limited to ten, five from each program, in order to provide a manageable data base and to assure a balance between baccalaureate and associate degree faculty.

Instrumentation. Data in Part 1 of the study were gathered by use of a general interview guide (Appendix A). The questions that comprised the guide were divided into two sections. The first section listed demographic variables that were assessed in order to determine those factors in the education and experiential background of each participant that might have had an impact on the faculty member's perception of articulation. This information was further used to search out the most important variables to include in the survey instrument for Part 2.

The second section of the interview guide focused on perceptions of each faculty member concerning articulation between two- and four-year programs. Questions were based on the specific issues identified from research of

the literature and stated in the objectives of the study. Items for the interview guide were originally developed by the writer for the case study on perceptions of four collegiate nursing faculty members concerning articulation between two- and four-year programs in nursing (Lord, Note 5).

The issue under investigation, as stated in the objectives of the study, were faculty perceptions of the following: compatibility or incompatibility between the two levels of programs; pressures against articulation (i.e., blocks, barriers, or inhibitors); pressures for articulation (i.e., supports, aids, or motivators); and strategies by which faculty perceived, for whichever side was taken, that articulation between the two levels of programs could be either encouraged or discouraged. The final issue was the interviewee's expressed willingness or unwillingness to promote articulation efforts within the system of higher education in Massachusetts. Analysis of these faculty perceptions provided opinions, attitudes, and values from which the questionnaire was built that was used in Part 2 of the study.

Procedure. A letter was sent to each faculty member at the university and at the community college who met the criteria for inclusion (Appendix B). The purposes of the letter were to introduce the study, to explain the inclusion criteria and the particulars concerning the interview process, and to assure anonymity for those who were willing to participate.

The letter was followed within a week by a telephone call asking permission to include each faculty member in the pool of participants from whom five were to be selected from each program.

Seventeen out of eighteen qualified faculty members from the university agreed to participate. All six faculty members from the community college agreed to be included. Names were written on identical slips of paper and placed in boxes according to the respective schools. From each box five names were randomly drawn, thereby assuring an equal chance for each participant to be selected.

A follow-up letter was sent to each faculty member who had been willing to participate expressing the appreciation of the interviewer and advising each as to whether her name had been selected (Appendix C). A telephone call followed to those whose names had been drawn in order to schedule interview time.

Each interview was held according to the schedule and each was tape recorded with the permission of the interviewee, transcribed and analyzed.

Summary

The method for this study of faculty perceptions of articulation between two- and four-year collegiate nursing programs in Massachusetts consisted of two parts. Part 1 included interviews with ten subjects who were randomly selected nurse faculty members, five from a state university and five from a community college within the Massachusetts state system of public higher education. The instrument used for data collection was a general interview guide revised and refined from a similar guide developed by the writer for an earlier research project.

Procedurally, data collection was begun with a letter of introduction which was sent to each faculty member eligible for inclusion. This letter was followed by a telephone call asking permission to include each person in the pool of participants from whom five were to be selected from each program. Names were randomly drawn, follow-up letters were sent expressing appreciation and advising each faculty member as to whether or not her name had been selected. Interviews were scheduled by telephone, and subsequently held, tape recorded, transcribed and analyzed.

Results

Introduction. Data from the ten faculty interviews are presented in two sections. Demographic information is presented and analyzed in Section One. Section Two contains data concerning faculty perceptions of articulation. The data in this section are organized according to the four objectives of the study. Lewin's force-field analysis theory was used for identifying forces that facilitate and those that impede movement toward articulation. The data are also analyzed and interpreted using Patton's (1980) methods for qualitative evaluation as a guide.

The results of Part 1 were used to create the questionnaire titled "Survey of Faculty Perceptions of Articulation Between Public Two- and Four-Year Collegiate Nursing Programs in Massachusetts" (Appendix D). This survey instrument was pilot tested and subsequently revised before being distributed for the second phase of the study.

Section One. Categories of Demographic Data. Data were collected in Part I of the study by means of an Interview Guide (Appendix A). Section One of the Guide contained demographic variables that could influence a faculty member's perception of articulation. These variables included the following categories: present teaching position; age; basic preparation for licensure; highest degree attained; years of past teaching experience; type of students the

interviewee was presently teaching (i.e., RN students, generic students, or, in the case of baccalaureate faculty, a combination of both); professional work experience; and other experiences that might have influenced the participant's perceptions of articulation.

Summary of Demographic Data. Demographic data from the interviews of the ten faculty members were tabulated. These data appear in Table 1. Discussion of the major components of the table follows.

Present Program. By design, five (50%) of the participants were from an ADN program, and five (50%) were from a BSN program.

Age. Participants' ages ranged from 31 to over 51 years. The median age category was 41-50.

Basic Preparation for Licensure. Six of those participating had prepared for licensure in diploma programs. Of these six, two were currently teaching in the BSN program, while the remaining four were teaching at the ADN level. Four of the sample had prepared for licensure in baccalaureate programs. Three of these were currently teaching in the BSN program and one was teaching at the ADN level.

Highest Degree. Nine of the ten nurses in the sample had Masters in Nursing. These degrees were earned between 1954 and 1976. One member of the sample had a Masters in Education earned in 1967.

TABLE 1

Part I - Demographic Data for Faculty

Faculty Member	Present Program	Age Range	Basic Preparation for Licensure	Highest Degree Attained by Year	Presently Working on Doctoral Degree	Years of Teaching Experience Diploma AD BSN Masters	Nurse Practitioner	Students Presently teaching Generic RN Both	Years in Nursing Service
1	AD	51+	Diploma	MSN - 1971	No	7 10		X	11.5
2	AD	51+	Diploma	MSN - 1954	No	3 15 10		X	16
3	AD	41-50	Diploma	MSN - 1970	No	2 11		X	4
4	AD	41-50	Diploma	M.Ed. 1967	No	4 13		X	14.5
5	BSN	41-50	Diploma	MSN - 1965	Yes	5 17 1		X	13
6	BSN	41-50	BSN	MSN - 1974	No	2 3 7		X	14
7	BSN	41-50	BSN	MSN - 1975	Yes	6.5 5		X	7
8	BSN	41-50	BSN	MSN - 1976	No	8 5		X	7
9	BSN	31-40	Diploma	MSN - 1972	Yes	4 13 3		X	2
10	AD	31-40	BSN	MSN - 1974	No	7		X	4

Working on Doctoral Degree. Three of the sample were currently working toward a doctorate. All three of these were teaching in the BSN program.

Years of Teaching Experience. The range in years of teaching experience was 7 to 28 for the entire sample (7 to 28 for ADN faculty and 11.5 to 23 for BSN faculty). All but one person had taught in a diploma program. The range for teaching in diploma programs was 2-8 years. As one might expect, those in the sample currently teaching in ADN education had more years of teaching in ADN programs, the range being 7-13 years. Only one of these had experience teaching in a BSN program. Those currently teaching in BSN programs had at least 3 years of experience teaching at that level. Two of these had experience teaching at the Master's level (1 and 3 years) and one had 7 years of experience teaching nurse practitioners in a continuing education program for registered nurses.

Students Presently Teaching. As would be expected, ADN faculty were teaching generic students only. BSN faculty were teaching the entire range: one was teaching RN students only, one was teaching generic students only; and three were teaching both generic and RN students.

Nursing Service. The range in years of nursing service was 2 to 16 for the entire sample. ADN participants ranged from 4 to 16 with a median of 11.5 years, while BSN

participants ranged from 2 to 14 years with a median of 7 years.

Cross Tabulation. Selected demographic data were then cross tabulated with the first and last of the five questions concerning articulation that were asked in Section Two of the Interview Guide (Appendix A). These questions asked: (1) the participant's perception of articulation (i.e., whether or not the two levels of programs were compatible so that articulation could, or could not, take place), and (5) whether or not the participant would be willing or unwilling to promote articulation efforts within the system of higher education in Massachusetts. The results are presented in Table 2 which follows.

As can be seen in Table 2, despite the wide ranges in age, differences in basic preparation for licensure, in students that were being taught, in years of teaching experience, and in years of nursing service, a high degree of consensus among faculty members from the two programs existed concerning compatibility of the two levels of programs and willingness to promote articulation. This led the researcher to conclude that demographic variables were of minor significance in Part one of the study.

However, it should be noted that the unanimity of consensus in this sample probably stemmed from faculty involvement in a cooperative pilot project on educational

TABLE 2

Cross Tabulation of Selected Demographic Data with Perceptions of Compatibility and Willingness to Promote Articulation in Higher Education in Massachusetts

Faculty Member	Present Program	Age Range	Basic Preparation for Licensure	Students Presently Teaching General RN	Years of Teaching Experience	Years of Nursing Service	Compatibility of Programs		Willingness to Promote Articulation	
							Yes	No	Yes	No
1.	AC	51+	Diploma	X	17	11.5	X		X	
2	AD	51+	Diploma	X	28	16	X		X	
3	AD	41-50	Diploma	X	13	4	X with qualifications		X	
4	AD	41-50	Diploma		17	14.5	X		X	
5	BS	41-50	Diploma	X	23	13	X with qualifications		X	
6	BS	41-50	BSN		12	14	X		X	
7	BS	41-50	BSN	X	11.5	7	X		X	
8	BS	41-50	BSN	X	13	7	X		X	
9	BS	31-40	Diploma	X	20	2	X with qualifications		X with qualification	
10	AD	31-40	BSN	X	7	4	X		X	

mobility that was underway between the two programs at the time the interviews were taking place. The project was the primary experience mentioned in answer to the last question in Section One; that is, "other experiences that might have influenced your perceptions of articulation?" Miscellaneous experiences named, other than the project, were activities within the New England Council on Higher Education in Nursing (NECHEN), work with the district and state Nurses' Association (MNA), and individual perusal of professional literature. It seemed reasonable to conclude that the work on the cooperative pilot project skewed faculty perceptions of compatibility between AD and BSN programs toward willingness to promote articulation efforts on a statewide basis. Consequently, an unbiased test of the relationship between demographic variables and perceptions of articulation was perhaps not possible, given the schools selected. However, it seemed important to see if a similar consensus would occur within the statewide study group.

Results of Section One. As a result of the cross tabulation analysis and the possibility of bias in the participants' perceptions based on shared experience, this researcher decided to reword and include all but two variables from the Interview Guide (Appendix A) on the questionnaire for Part 2 of the study (Appendix D).

The two variables deleted included one concerning years of nursing service and the other asking participants to indicate experiences influencing perceptions of articulation. These two variables were eliminated in an effort to decrease the length of the demographic section of the questionnaire, thus making it more conducive to completion by participants.

One variable was added for the purpose of identifying deans or directors of each nursing program. This was done to assess the impact on the study of these participants in particular, as distinct from the impact of faculty.

Section Two. Presentation of Data Concerned with Faculty Perceptions of Articulation. Having analyzed and interpreted the transcriptions from the faculty interviews, specific statements and recurring themes were developed into items for the questionnaire to be sent statewide (Appendix D). Table 3 lists the item numbers, indicating the items that were developed from answers to the questions on the Interview Guide (Appendix A) that, in turn, reflected the objectives of the study. The objectives were used as a vehicle to organize the material for presentation.

Objective 1 - Determine Faculty Perceptions of Compatibility or Incompatibility Between the Two Levels of Programs. In each of the ten interviews, the definition

TABLE 3

Listing of Items Included in the Questionnaire that were Developed from Answers to Questions on the Interview Guide that, in turn, Reflected the Objectives of the Study

Objectives of the Study	Questions on the Interview Guide (Appendix A)	Items on the Questionnaire (Appendix D) that were developed for Part II of the Study	Total Number of Items
1) Determine faculty perceptions of compatibility or incompatibility between the two levels of programs.	1) "Please tell me what is your perception concerning articulation between the two- and four-year programs? In other words, do you feel that the two programs are compatible and the we can work out articulation between them, or do you feel that the programs are incompatible and should not be articulated?"	1, 2, 3, 4, 5	5
2) Ascertain faculty perceptions of the pressures against articulation; blocks, barriers, or inhibitors,	2) "What do you see as blocks, barriers, or inhibitors to articulation; i.e., what could keep articulation from working?"	7, 8, 9, 11, 12, 13, 15, 16, 19, 20, 21, 22, 23, 24, 25, 26,	16
3) Ascertain strategies by which faculty perceive that articulation between the two levels of programs can be encouraged or discouraged.	3) "What do you see as supports, aids, or motivators for articulation; i.e., what factors will help it work?"	27, 28, 29, 30, 31, 32, 33, 34, 36, 37, 41, 42	12
4) Determine participant's expressed willingness or unwillingness to promote articulation efforts within the system of higher education in Massachusetts	4) "What do you perceive to be the most effective strategies, for whichever side is taken, to either encourage or discourage articulation efforts?"	Strategies to encourage: 17, 18, 35, 38, 39, 40, 43, 44, 45, 47, 48, 49, 52, 53, 54, 55, 56 Strategies to discourage: 6, 10, 14, 46, 50, 51	17 6
5) "Would you be willing or unwilling to promote articulation efforts within the system of higher education in Massachusetts?"	5) "Would you be willing or unwilling to promote articulation efforts within the system of higher education in Massachusetts?"	Willing to promote: 58 and 60 Unwilling to promote: 57 and 59	2 2

of "articulation" used in this study was given and each interviewee was asked for her perception of articulation between the two- and four-year programs (Question 1 on the Interview Guide). The concept was further explored by asking, "Do you feel that the two programs are compatible and that we can work out articulation between them, or do you feel that the programs are incompatible and should not be articulated?" The answer in each case was an unequivocal "yes, the programs are compatible and can be articulated." Three members chose to qualify their answers, however. The major theme throughout the qualifying statements was that faculty members from the two levels must work together if articulation is to be effected. This answer, as previously noted, was probably predictable in view of the fact that the cooperative pilot project concerned with educational mobility of RNs was in progress between the faculties from the two institutions at the time the interviews were conducted.

Many personal beliefs and values were expressed while answering this first question relative to compatibility. These beliefs, concerns, and ideas were incorporated into the questionnaire (Appendix D) as items 6, 14, 25, 28, 41, 42, and 52. The items were interpreted as either restraining or driving forces toward articulation.

Although the question was not asked directly, a review of the transcriptions seemed to indicate that there

was not clear perception among respondents as to the present relationship between the content taught in the two levels of programs. That is, it was not clear whether they believed that the content of each overlapped, although each level had some elements that were unique to it; whether ADN education could be conceptualized as part, but not all, of BSN education; whether the difference between the two programs was illusory, and they actually coincided, or whether there was a general body of nursing knowledge and skills common to both ADN and BSN programs. These possible differences in perception were important and seemed to be appropriate questions to add to the questionnaire being planned for Part II (items 2 through 5 of Appendix D).

Because of the probable bias in the sample population previously noted, it seemed necessary to include an item not mentioned by the participants; i.e., one concerning incompatibility between the two levels of programs. Consequently, the first item in the questionnaire was inserted, namely,

"Associate degree in nursing (ADN) programs are technical and terminal and, therefore, are not compatible with bachelor of science in nursing (BSN) programs which are professional and provide the basis for graduate study."

Objective 2 - Ascertain Faculty Perceptions of the Pressures Against Articulation; i.e., Blocks, Barriers, or Inhibitors, and Pressures for Articulation; i.e., Supports,

Aids, or Motivators. Questions 2 and 3 on the Interview Guide spoke to these issues. Pressures against articulation (Question 2) were identified in a variety of specific statements, and recurring themes were stated in many ways. Perceptions concerning philosophical beliefs and attitudes of nurse educators were noted by nine of the ten interviewees as barriers or inhibitors of articulation. Typical statements were,

"People's attitudes, baccalaureate or associate degree [faculty], or both, believe the associate degree is completely different. . . the whole orientation is different, and therefore, it wouldn't work, because baccalaureate education is quite different. . . ," and "I think the first thing that would be a major block is the unwillingness of faculties to look at the situation, . . . to look at the others and to work with each other [because of] philosophical beliefs, perhaps stubbornness, elitism, or perhaps because there's a lack of definition of nursing."

Lack of knowledge and understanding of each other's programs, the quality of teaching, the type of students each program attracts, and hence the lack of trust between faculty members were cited as definite barriers by five of the educators, three at the baccalaureate level and two in associate degree education.

The faculty members from each program noted that lack of time and lack of money to produce the work required for articulation were inhibitors to such efforts, while one member from each program felt that policies of the national organizations were definite blocks to articulation

procedures; for example, accreditation policies of the NLN and the 1978 Resolutions of the ANA. These restraining concepts were incorporated into the following items for inclusion in the questionnaire for Part II of the study: 7, 8, 9, 11, 12, 13, 15, 16, 19, 20, 21, 22, 23, 24, 25, and 26.

Pressures favoring articulation were also identified in specific statements and recurring themes (Question 3). A common thread running throughout the answers was the need for unity within the profession, and the benefit that would derive from nurse educators working together. These motivators were classified as social and economic benefits to society; that is, the need to decrease overlapping of content in programs, particularly in light of the increasing cost of education; declining high school enrollment resulting in the need to increase recruitment of AD graduates into baccalaureate education; and the social fact that associate degree RNs are demanding educational and career mobility at what they perceive to be a reasonable cost.

Other faculty perceptions that were noted as pressures for articulation included the belief that ADN education gives the prerequisite knowledge and skills for study at the baccalaureate level, the belief that a career ladder approach is essential in nursing education, and the belief that it should be possible for an ADN RN to move within five years of graduation to the BSN level (because of the

currency of his or her knowledge) without taking challenge examinations in the basic areas of nursing. All of these concepts were incorporated into the following items for inclusion in the questionnaire: 27, 28, 29, 30, 31, 32, 33, 34, 36, 37, 41, and 42.

Objective 3 - Ascertain Strategies by Which Faculty Perceive that Articulation Between the Two Levels of Programs Can Be Encouraged or Discouraged. Question 4 on the Interview Guide related to this objective. Once again strategies were classified by specific statements and recurring themes. The most frequently mentioned strategy to encourage articulation was to provide a way for faculty members from the two levels of programs to meet and talk to each other on a personal level, sharing feelings and information about nursing education in general and their programs in particular. Concurrently, it was felt necessary by five respondents to clarify commonalities and differences between programs, much as was done by the faculties involved with the Cooperative Pilot Project. In this way, "leveling" of curricula could take place and philosophical differences might be ameliorated. One associate degree interviewee felt that four-year programs taught content similar to that taught in two-year programs and, therefore, it was incumbent upon baccalaureate educators to "adjust" their curricula to associate degree competencies in order to avoid overlapping.

Development of "core curricula" was still another positive suggestion to encourage articulation. A different strategy suggested to encourage articulation was to bring in a "nurse facilitator" to work with faculties across the state. Several participants expressed the belief that statewide articulation would be mandated eventually by the Massachusetts Board of Regents for Higher Education. These "encouraging" concepts were incorporated into the following statements for the questionnaire: items 17, 18, 35, 38, 39, 40, 43, 44, 45, 47, 48, 49, 52, 53, 54, 55, and 56.

No specific statements were made by interviewees to discourage articulation efforts, although a few expressed opinions that could be interpreted as such. For instance, two baccalaureate educators felt that, overall, the best strategy for reducing the confusion in nursing education was to work for one entry level into the professional, and that level should be the BSN degree. One believed that BSN programs should assist AD RNs for only the next five years. After that, career ladders (and presumably articulation) should be eliminated. Items 6, 10, 14, 46, 50, and 51 were included in the questionnaire as strategy statements to discourage articulation.

Objective 4 - Determine Participant's Expressed Willingness or Unwillingness to Promote Articulation Efforts Within the System of Higher Education in Massachusetts.

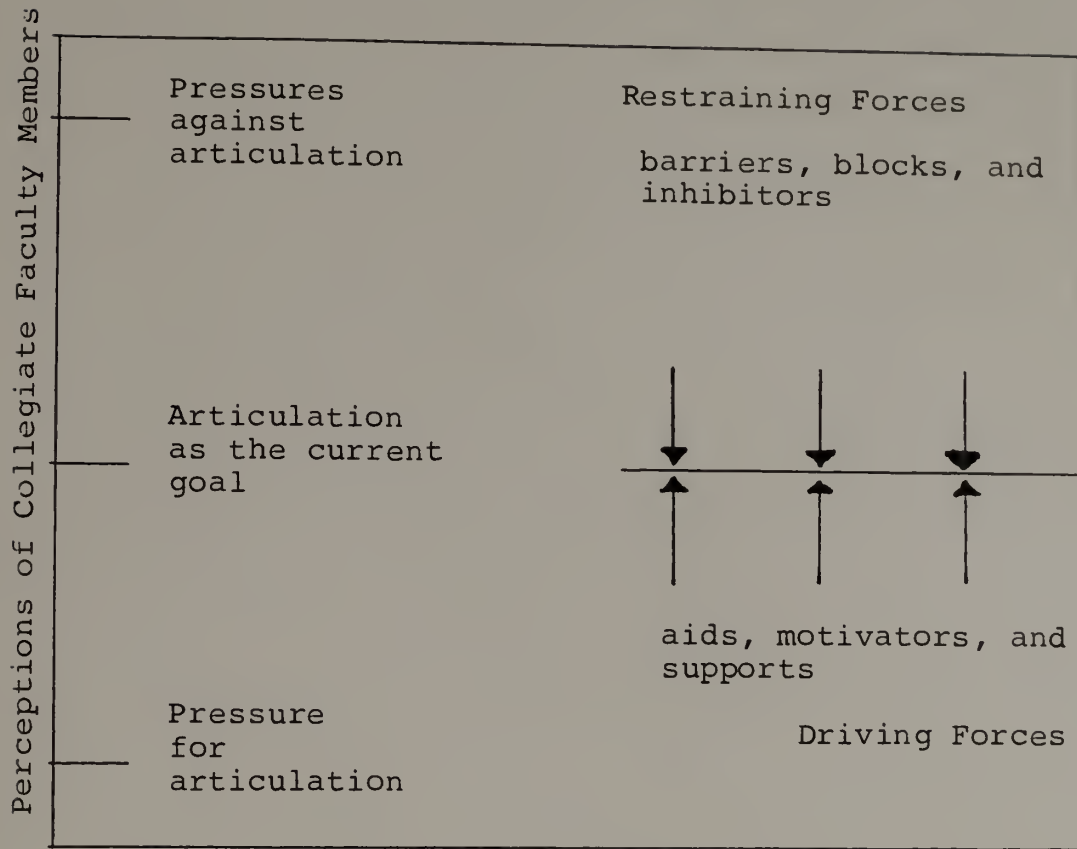
Question 5 on the Interview Guide spoke to this objective. All ten faculty members expressed willingness to support articulation efforts within the Massachusetts state system. Two statements (items 58 and 60) were included to reflect this position. In further discussion with each participant, however, the answer was occasionally qualified with remarks such as,

"Articulation should be promoted only for these RNs presently in the system; the two levels of education that lead to RN licensure should not be perpetuated," and, "when the community colleges first started [as Liberal Arts transfer programs], they were not considered to be terminal education but as an entry into a four-year program. Now we have more and more terminal degrees. I don't think that's a good use of community colleges; I think it makes [for] a second class educational system with a lot of terminal degrees at the community college level."

Such beliefs were paraphrased into two statements (items 57 and 59) that reflected reluctance, or unwillingness, to support articulation efforts in Massachusetts.

Analysis of Data. Analysis of data drew upon Lewin's force-field analysis theory for identifying forces that facilitate and forces that impede movement toward a current goal. The theory was modeled as follows (adapted from Lippett and Lippett, 1978, p. 19):

Figure 1
Force Field Illustration for Articulation



Using this theory, Figure 2 that follows shows that restraining forces were illustrated in the 24 statements that were included in the questionnaire (Appendix D) developed for use in the second part of the study. This is to say that 16 statements were interpreted as barriers, blocks or inhibitors, six as strategies to discourage articulation; and two were statements of unwillingness to support articulation.

FIGURE 2

Perception of Restraining Force Against Articulation Identified in Part I

Barriers, Blocks, Inhibitors)	
7. Once a nurse is socialized into ADN education, s/he is <u>not</u> likely to change and be socialized into professional education.	25. Associate degree programs within Massachusetts teach content at different levels of sophistication, hence it is difficult for a BSN program to articulate with more than one ADN program.
8. It is <u>not</u> likely that a AD RN who graduated more than five years ago will learn to conceptualize professional nursing as is presently regulated in BSN programs.	26. National League for Nursing accreditation policies concerning educational mobility of RNs act as a deterrent to articulation efforts.
9. There is a direct relationship between the intellectual level of the student and the level of nursing programs that the student elects to enter.	(Strategies to Discourage)
11. Strong philosophical beliefs of ADN program directors are a block to articulation efforts in Massachusetts.	6. Graduates of community colleges should come to BSN programs with an associate degree in liberal arts that would prepare them for upper division work innursing, rather than coming to BSN programs with an associate degree in nursing and RN licensure.
12. Associate degree faculty members who hold a strong philosophical belief that articulation is <u>not</u> best for nursing is a major factor blocking articulation efforts.	10. Associate degree nursing education should be preparation for professional nursing education only for those student who do <u>not</u> have access to four-year programs for reasons of geography, financial problems, family responsibilities, or other personal reasons.
13. Lack of a clear definition of nursing at the ADN and BSN levels is a major block to articulation.	14. Professionalism at the baccalaureate level can best be achieved through generic baccalaureate programs and <u>not</u> through articulation with ADN programs.
15. Faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs.	46. The best strategy for reducing the confusion in nursing education while preparing a competent practitioner is to work for one entry level into the profession, and that level should be the BSN degree.
16. A major factor that prevents articulation from taking place is the strong philosophical belief of baccalaureate faculty members who do <u>not</u> feel that articulation between the two levels of programs is best for nursing.	50. BSN programs should assist educational mobility for AD RNs for only the next five years. After that, career ladder programs should be eliminated.
19. Strong philosophical beliefs of BSN program deans and directors are a block to articulation efforts in Massachusetts.	51. ADN programs which are technical and terminal make for a second class educational system and should be phased out.
20. The need to protect existing program territoriality is an inhibitor to articulation efforts within Massachusetts.	(Unwilling to Support)
21. Lack of trust between faculties of the two levels of programs in regard to quality of teaching is a block to articulation efforts.	57. Massachusetts should eliminate the presnt chaotic system of educational mobility in this state by closing ADN programs; RNs should be prepared at the BSN level.
22. During the academic year, lack of released time to devote to cooperative efforts between ADN and BSN programs is a barrier to articulation.	59. Articulation should be promoted only for those RNs presently in the system; the two levels of education that lead to RN licensure should not be perpetuated.
23. Unless funds can be found to pay faculty members for the time required outside of the academic year, the work that articulation of programs requires <u>cannot</u> be done.	
24. Because of the multiple themes and approaches to nursing that are provided by the seven BSN and fourteen ADN programs in the public sector, articulation in Massachusetts is <u>not</u> possible.	

FIGURE 3

Perception of Driving Forces Toward Articulation Identified in Part 1

(Aids, Motivators, Supports)

27. An NLN accredited ADN program gives the necessary prerequisite knowledge and skills for baccalaureate level study of nursing.
28. Professionalism at the baccalaureate level can be achieved through a career ladder approach to nursing education.
29. ADN program directors in the community college system in Massachusetts are a driving force to encourage the acceptance of their graduates by transfer of credits into BSN programs.
30. Cost containment efforts within the system of higher education in Massachusetts will force articulation efforts.
31. ADN RNs are, or will be, a major driving force in Massachusetts to encourage acceptance by transfer into BSN programs.
32. The declining numbers of high school graduates will encourage, if not force, baccalaureate programs to search out AD graduates as a new source of supply of students.
33. If faculty members, including program directors and deans, are committed to the concept of articulation, the work will follow that is needed to accomplish the goal of articulation within the state.
34. At present there is a redundancy, an overlapping of content between the ADN and BSN programs in public higher education in Massachusetts, that we can ill afford.
36. Economic forces such as Proposition 2½, restricted funds for public higher education, and the decline of federal funds, will force nursing programs to articulate in order to survive.
37. Social forces such as the changing role of women and their desire for status will encourage articulation efforts through increased RN demands.
41. At present, in order for articulation between ADN and BSN education to become a reality in Massachusetts, both levels of programs have to evaluate and adjust their curricula.
42. ADN and BSN programs can be articulated only if faculty from one specific BSN program work with faculty from one specific ADN program to establish integrated curricula between the two.

(Willing to Support)

58. There should be a career ladder in nursing education in Massachusetts whereby BSN programs build upon previously learned content in ADN programs.
60. Articulation between ADN and BSN programs should be the top priority effort for planning in nursing within the system of higher education in Massachusetts.

Figure 4

Perceptions of Driving Forces Toward Articulation Identified in Part 1
(Continued)

(Strategies to Encourage)

17. The burden of articulation between ADN and BSN programs must rest with ADN program faculty.
18. The burden of articulation between ADN and BSN programs must rest with BSN program faculty.
35. It should be possible for an ADN RN to move within 5 years of graduation to the BSN level of education without taking challenge exams in the basic areas of nursing.
38. The Massachusetts Board of Regents for Higher Education will eventually mandate articulation much as was done by the California Legislature.
39. Articulation between two- and four-year programs in Massachusetts is possible if the process assumes a downward direction; i.e., designing lower level programs to fit into upper level organization of curricula.
40. Articulation between two- and four-year programs in Massachusetts is possible if the process is designed upward; i.e., imposing lower level programs on upper level organization of curricula.
43. A nurse facilitator who is very knowledgeable about human behavior and group dynamics is needed to work with faculties across the state in order to stimulate thinking and attitude changes concerning articulation.
44. We would have better prepared nurses in the Commonwealth if we let ADN programs teach problem solving and basic knowledge and skills while BSN programs concentrated on more advanced skills, leadership, community health concepts, and preparation for graduate work.
45. To facilitate articulation within the state, faculties from both levels of programs need to decide on common core nursing courses acceptable for transfer credit from the ADN to the BSN level.
47. Transfer credit from ADN courses should be accepted by BSN programs, just as credits from liberal arts and sciences are accepted.
48. Graduation from an ADN program, plus licensure as an RN, should be a requirement for entrance into BSN programs in the system of public higher education in Massachusetts.
49. The best way for statewide articulation between ADN and BSN programs to happen is by mandate from the Massachusetts Board of Regents for Higher Education.
52. Articulation between two- and four-year programs in Massachusetts can best be accomplished among clusters of colleges in geographically prescribed areas of the state.
53. Standardized admission criteria for ADN and BSN programs in public higher education throughout the state would aid articulation efforts.
54. Dispersment of information concerning the methodology of the pilot study on articulation between Berkshire Community College and the University of Massachusetts would be helpful as a model for further efforts within the State.
55. Articulation of programs in Massachusetts will happen only when nursing program deans and directors want it to happen and lead the way.
56. A system should be established in public higher education in Massachusetts whereby an associate degree in nursing and RN licensure would be required for entrance into a BSN program.

Driving forces (Figures 3 and 4) totalled 31 statements that were also included in the questionnaire (Appendix D) for use in Part II of the study. Twelve of these were interpreted as aids, motivators or supports, 17 were strategies to encourage articulation, and two were statements of willingness to support articulation.

In addition, the five statements that follow (Figure 5) identified perceptions of current relationships. Items 2 through 5 indicated compatibility between the two levels of programs. Because of the probable bias previously discussed, the first statement was added to allow for the option of incompatibility.

Figure 5

Statements of Comptability and Incompatibility
Between ADN and BSN Programs

-
1. Associate degree in nursing (ADN) programs are technical and terminal and, therefore, are not compatible with bachelor of science in nursing (BSN) programs which are professional and provide the basis for graduate study.
 2. There is some overlap between ADN and BSN programs, but each level has some elements that are unique to it.
 3. ADN education can be conceptualized as part, but not all, of BSN education.
 4. The difference between ADN and BSN programs is illusory; they actually coincide.
 5. There is a general body of nursing knowledge and skills that is common to both ADN and BSN programs.
-

Results of Section Two. The survey instrument that was formulated for use across the state included a total of 60 statements. The first five items represented options for compatibility or incompatibility between levels of programs, the following fifty-one statements were generally grouped according to Lewin's force-field analysis theory of restraining forces (22 statements) and driving forces (29 statements). The remaining four statements represented willingness or unwillingness to promote articulation within the Massachusetts state system of higher education.

A Likert scale composed of five response categories ranging from strongly agree to strongly disagree was employed on the questionnaire to assess the perceptions of participants on all sixty items. The demographic section was attached and the survey instrument was completed and ready for the pilot test (Appendix D).

Summary of Results

Part 1 of the study consisted of ten faculty interviews. The purpose was to gather data in order to develop a questionnaire to distribute statewide for the second phase of the study. The results of the interviews were divided into two sections: 1) demographic information, and 2) faculty perceptions of articulation.

In Section One demographic data were tabulated and discussed. Selected items were cross tabulated with

perceptions of compatibility and willingness to promote articulation in higher education in Massachusetts. As a result of the cross tabulation analysis and the possibility of bias in the participants' perceptions based on shared experience, it was decided to include all but two variables from the Interview Guide (Appendix A) on the questionnaire for Part 2 of the study (Appendix D). One variable was added in order to identify deans or directors of each nursing program.

As a result of analysis of the data presented in Section Two, a survey instrument was developed that included a total of 60 statements. The statements represented five options for compatibility or incompatibility between levels of programs and fifty-one items that were generally grouped according to Lewin's force-field analysis theory of restraining forces (22 statements) and driving forces (29 statements) toward the goal of articulation between two- and four-year programs. The last four statements represented options for willingness or unwillingness to promote articulation efforts within the state system of higher education.

A Likert scale composed of five response categories ranging from strongly agree to strongly disagree was added to assess the perceptions of each faculty member on each of the sixty items. The demographic section was attached and the survey instrument was ready for the pilot test.

C H A P T E R I V

METHOD AND RESULTS

PART 2 - QUESTIONNAIRE

Introduction

The second part of the study consisted of the distribution and analysis of the survey instrument developed in Part 1. The survey instrument, a questionnaire, was used to assess the perceptions of nursing faculty in public institutions of higher education in Massachusetts concerning articulation between two- and four-year nursing programs. This chapter describes the methodology and results of Part 2.

Method

Subjects. Part 2 consisted of research on a statewide basis. National League for Nursing accredited baccalaureate and associate degree programs within the Massachusetts system of higher education were identified (NLN, 1981). The programs that participated in Part 1 were omitted. Programs included were the five basic baccalaureate programs that admit both generic and registered nurse (RN) students and eleven two-year community college (associate degree) programs, all of which met the

established criteria of NLN accreditation. (It should be noted that one community college had two programs, one during the day and one in the evening. Each program had its own director.) Table 4 lists the participating institutions.

Table 4

Colleges and Universities Participating in the Study

<u>Associate Degree (2-year)</u>	<u>Baccalaureate (4-Year)</u>
Bristol Community College	Boston State College
Bunker Hill Community College	Fitchburg State College
Cape Cod Community College	Salem State College
Holyoke Community College	Southeastern Massachusetts University
Massasoit Community College	University of Lowell
Middlesex Community College	
Mount Wachusett Community College	
Northern Essex Community College: Day and Evening Programs	
North Shore Community College	
Springfield Technical Community College	

Program directors and full-time faculty members who had completed a minimum of one year of college teaching or administration in nursing were included in the study. For

the analysis, all were considered under the definition of faculty. However, program directors were identified in the demographic section of the questionnaire, thus enabling BSN directors to be separated from BSN faculty, similarly for ADN directors and faculty, for data analysis. Nursing directors of all fifteen institutions were contacted and agreed to participate. From names and addresses they provided, 179 questionnaires were sent (87 to the baccalaureate group and 92 to the associate degree group). One hundred fifty questionnaires were returned--71 (82%) from baccalaureate faculty and 79 (86%) from associate faculty. One questionnaire was returned blank. Therefore, the number and percentage of overall completed returns was 149 (83%).

Instrumentation. To obtain data for Part 2 of the study, a questionnaire was developed from responses to the interview questions in Part 1 (Appendix D). This survey instrument was pilot tested and subsequently revised.

Pilot Test. The pilot test was undertaken by faculty from two nursing programs, both located in Massachusetts. One was an associate degree program located in a community college; the other was a baccalaureate program in a private four-year institution. These schools were selected because neither was yet accredited and one was not in the state system; therefore, these schools would not deplete the pool

of accredited programs in public higher education from which data were drawn.

The same criteria applied for faculty inclusion in the pilot test as for faculty participation in the study. In other words, in order to participate the faculty had to be employed full-time and had to have completed a minimum of one year of college teaching or administration at either the associate degree or baccalaureate level of nursing education.

Program directors were contacted by telephone to request assistance with the pilot test and to ask for the number of faculty in each program who met the criteria for inclusion.

At each campus eight faculty fit the criteria. Consequently, eight sets of research materials were sent to the directors for distribution. In addition to the questionnaire, these materials consisted of a cover letter explaining the study, a yellow sheet of paper with questions pertaining to the items in the questionnaire, and envelopes for return of the survey instrument (Appendix E). Yellow paper was used for the sheet with questions to distinguish it from the questionnaire.

A cover letter was sent to each nursing program director with these materials thanking her for her willingness to participate in the pilot test, reiterating the

criteria for inclusion, and giving directions for return of the questionnaires (Appendix F).

Six of the eight survey instruments distributed to each program were returned from each school. The major findings of the pilot test were that the survey instrument was too long and that some of the statements contained overlapping content and were therefore redundant. The questionnaire was subsequently revised and decreased in length by twenty-one items. Further, it seemed that additional information could be obtained by including two open-ended statements that required the respondent to choose between willingness or unwillingness to support articulation, and to list reasons for the choice.

Final Survey Instrument. The refined questionnaire used in Part 2 of the study was divided into four parts (Appendix G).

Part I. The first part of the questionnaire addressed the second and third objectives of the study. The second objective was to ascertain faculty perceptions of the pressures against articulation (i.e., blocks, barriers, or inhibitors), and the pressures for articulation (i.e., supports, aids, or motivators). The third objective was to ascertain strategies by which faculty perceive that articulation between the two levels of programs could be encouraged or discouraged. There were 39 statements con-

cerning articulation of two- and four-year nursing education programs in Massachusetts. All of the statements paraphrased beliefs, attitudes, or feelings expressed by participants in Part 1 of the study.

Of the thirty-nine statements, the first sixteen suggested pressures against articulation; that is, restraining or discouraging forces. The following nine statements suggested possible pressures for articulation; that is, driving or encouraging forces. The next ten items suggested strategies that could be developed within the nursing profession to encourage or facilitate articulation. The three items that followed represented strategies that could be developed within the profession to discourage the articulation process. A total of nineteen statements represented discouraging or restraining forces or strategies; the same number of statements represented encouraging or driving forces or strategies.

The last item in Part I of the questionnaire was considered separately as it presented a strategy for intervention from a source outside of the nursing profession. This strategy proposed that articulation be mandated by the governing body for public higher education in the state; namely the Massachusetts Board of Regents of Higher Education.

For each statement participants were asked to indicate

the degree of agreement on a five-point scale ranging as follows: strongly agree (1), agree (2), undecided (3), disagree (4), and strongly disagree (5).

Part II. The second part of the questionnaire listed four statements. Each was illustrated with a Venn diagram that described a possible relationship between associate degree and baccalaureate nursing programs. The statements and the diagrams were adapted with permission from Stevens (1981).

Participants were asked to check only one of these statements, the one that best described the individual's perception of the current relationship between the two levels of programs. This part addressed the first objective of the study, which was to identify faculty perceptions of compatibility or incompatibility between programs.

Part III. The third part of the questionnaire addressed the fourth and final objective of the research. There were two open-ended statements concerned with expressed willingness or unwillingness to support articulation efforts between public two- and four-year collegiate nursing programs. Each respondent was asked to choose one of the statements and to give reasons for the choice. These three parts of the questionnaire, then, covered all the objectives of the study.

Part IV. The fourth part of the questionnaire

contained nine questions regarding demographic information. Each question called for a short answer or a check by the appropriate response. In this way, data were collected on variables that might have an impact on faculty perceptions of articulation (i.e., type of program in which presently employed, age, basic preparation for RN licensure, highest degree attained and year awarded, current preparation for a higher degree, year in teaching, type of students taught, and whether the respondent was a director or a faculty member).

Procedure. Timing of the survey was critical if faculty were to be contacted before the close of the academic year. Consequently, participants received all materials during the middle of spring semester. The steps taken in completing the data collection are described in detail below.

During fall semester precontact letters of introduction were sent to directors of the selected nursing programs explaining the study, seeking their cooperation, and asking for a list of names and addresses of faculty who met the criteria for inclusion. In the letter the researcher also offered to meet with the directors at a predetermined time during a regional fall conference of nurse educators, or to make telephone contact on an individual basis, in order to answer any questions related to the study (Appendix H). As mentioned previously, positive responses were re-

ceived from each program director, sixteen in all, one community college having a director for the day program and a separate director for the evening program. Eighty-seven baccalaureate and 92 associate degree faculty names and addresses were returned for a total of one hundred seventy-nine (179) nursing faculty to be included in Part 2 of the research.

During spring semester the questionnaire and a cover letter were sent to each individual explaining the study, assuring confidentiality, and asking for assistance with the study (Appendix I). A deadline for return of the questionnaire was indicated in the letter, and a pre-stamped, self-addressed envelope was included for the convenience of the participant.

Two weeks following this mailing a postcard was sent to all nonrespondents as a reminder to ask their help in completing and returning the questionnaire (Appendix J).

A second and final questionnaire and cover letter were sent to nonreturnees approximately two weeks later stressing the importance of the study. Another deadline was set and another prestamped, self-addressed envelope was included. A personal, handwritten note addressing the participants by name and encouraging a reply was added to the bottom of each letter (Appendix K).

The final result was 149 (83%) questionnaires

completed and returned, although not every question on every survey instrument was answered, and one questionnaire was returned blank.

Summary

The method for Part 2 of this study consisted of survey research on a statewide basis. Subjects were selected from NLN accredited baccalaureate and associate degree programs within the Massachusetts system of public higher education. Programs included were the five basic baccalaureate programs that admit both generic and registered nurse (RN) students and eleven associate degree programs in ten community colleges, all of which met the established criteria of NLN accreditation. One hundred sixty-three full-time faculty members and sixteen deans or directors, for a total of 179 subjects, were included; all met the criteria of having completed a minimum of one year of college teaching or administration in nursing and all were labeled faculty.

Instrumentation for Part 2 of the study was provided by a questionnaire developed from responses to the interview questions in Part 1. This questionnaire was pilot tested and subsequently revised. The newly refined survey instrument was divided into four parts, the first three addressing the four objectives of the study and the fourth

part of the questionnaire asking for demographic information.

The procedure for data collection in Part 2 consisted of mailing materials in a timely sequence during the academic year so as to facilitate a high response rate. Steps of this process included sending precontact letters of introduction to directors of the selected programs (names and addresses of faculty who fit the criteria for inclusion were also requested); mailing a cover letter, the questionnaire, and a return envelope to each intended respondent; following this mailing in two weeks with a reminder postcard to all nonrespondee; and sending a second and final cover letter and questionnaire to non-returnees approximately two weeks later in which the importance of the study was stressed. One hundred fifty questionnaires were returned; one was blank. An overall return rate of 83% was realized.

Results

Introduction. Results obtained by a statewide survey of BSN and ADN faculty members in public higher education are organized for presentation according to the objectives of the study.

The first objective was to determine faculty perceptions of compatibility or incompatibility of articulation

between the two levels of programs. Data pertinent to this question were examined by chi-square analysis to see if the distributions were statistically different from one another.

The second objective was to ascertain faculty perceptions of the pressures for and against articulation. Data collected in answer to this objective are organized for presentation according to Lewin's force-field analysis design as illustrated in Figure 1, page 65. These data were then categorized and treated for statistically significant differences by t-test analysis, with the minimum level of significance set at the .05 level.

The third objective was to ascertain strategies by which faculty perceive that articulation between the two levels of programs can be encouraged or discouraged. Again, data collected in answer to this objective are organized for presentation according to Lewin's force-field analysis design, categorized and treated for statistically significant differences by t-test analysis, with the minimum level of significance set at the .05 level.

The fourth objective was to determine the participant's expressed willingness or unwillingness to promote articulation efforts within the system of public higher education in Massachusetts. Open-ended data answering this objective are reported by percentage of coded responses

and reasons given for the choice. Differences and similarities between the faculty groups are noted.

Finally, demographic data were tabulated and are summarized at the end of the chapter.

It should be noted that, as mentioned in the Method section of this chapter, the faculty sample included directors of each of the programs. When data from the administrative group of each level (BSN and ADN) were subjected to t-test analysis in relation to the data from the faculty group of that level, the results were not found to be significantly different except for four of the thirty-nine Likert items (Appendix G). Therefore, in only the cases of these four items are distinctions made between the data of faculty and administrators. Appendix L contains the results of the faculty and administrative comparisons for the BSN and ADN groups on all items of the questionnaire. The four significant items are discussed under the appropriate sections that follow.

Objective 1. Determine Faculty Perceptions of Comptability Or Incompatibility of Articulation Between the Two Levels of Programs.

In order to determine faculty perceptions of comptability or incompatibility of articulation between BSN and ADN programs, participants were given four statements, illustrated by Venn diagrams, that described possibilities in the relationship between associate degree and bacca-

laureate nursing programs (Stevens, 1981). Each participant was asked to select one statement that best described his or her perception of this programmatic relationship.

Figure 6 that follows lists and illustrates these possibilities. These data were examined using the Statistical Package for the Social Sciences (SPSS). Chi-square technique was used to see if the distributions were statistically different from one another.

Table 5 presents the results of this inquiry for the two groups (BSN and ADN). A discussion of the analysis follows.

Table 5

Comparison of BSN and ADN Faculty Perceptions of
Compatibility or Incompatibility of the
Two Levels of Programs

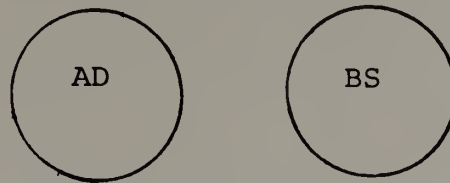
	Not Compatible	Compatible With Overlap	Compatible With Common Core	No Difference Exists
BSN (N=69)	9 (13%)	29 (42%)	31 (45%)	0 (0%)
ADN (N=78)	2 (3%)	15 (19%)	61 (78%)	0 (0%)
Total 147	11 (7%)	44 (30%)	92 (63%)	0 (0%)
$\chi^2 = 18.2, p < .01$				
df = 2				

Careful examination of responses indicated a significant difference ($p < .01$) between the perceptions of BSN and ADN faculty members in the three options chosen by

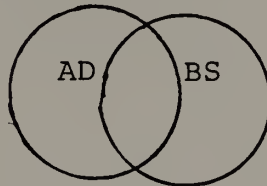
Figure 6

Possible Relationships Between
Associate Degree and Baccalaureate
Programs in Nursing

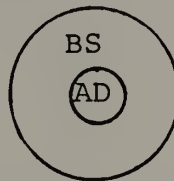
1. ADN programs are technical and terminal and, therefore, are not compatible with BSN programs which are professional and provide the basis for graduate study.



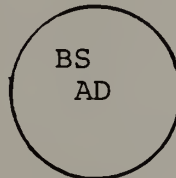
2. There is some overlap between ADN and BSN programs, but each level has some elements that are unique to it.



3. ADN education can be conceptualized as part, but not all, of BSN education; i.e., there is a general body of nursing knowledge and skills that is common to both ADN and BSN programs.



4. No differences exist between ADN and BSN preparation for nursing.



the participants. It is interesting to note that none of the participants saw the programs as having "No Difference."

Comparing BSN with ADN responses, over four times as many BSN faculty (9) as ADN faculty (2) perceived the two levels of programs to be "Not Compatible." Although these 11 faculty members represented a small percentage of the total number of participants (7%), these data suggest that there are some nurse educators who perceive the programs to be incompatible, and more are BSN faculty than are ADN faculty.

The two remaining options also indicated differences between the groups. Almost twice as many BSN faculty (29) as ADN faculty (15) believed the programs to be "compatible with overlap," while twice as many ADN faculty (61) as BSN faculty (31) saw the two programs as having a "common core" of nursing knowledge and skills. The majority of all respondents (92 out of 147) chose the option of compatible with common core (63%). Ninety-three percent (136 out of 147) of the total number of respondents saw the programs as compatible when both "overlap" and "common core" categories were included.

Comparing responses within each group, BSN faculty who saw the two programs as compatible were almost evenly divided between those who perceived the two levels of education as overlapping (42%) and those who saw the levels

as having a common core (45%). On the other hand, the largest group of ADN respondents (78%) saw the program as compatible with common core, which is slightly over four times as many as saw the programs as compatible with overlap (19%).

These differences suggest that ADN educators would be more interested in pursuing articulation through a common core approach rather than by viewing the programs as overlapping but with elements unique to each. This stands in contrast to the BSN group which is more divided about the route to be taken. As each route implies a difference in curriculum design and arrangements for transfer or waiver of credit from the ADN to the BSN level of education, the data suggest a need to further explore these two options. Furthermore, the data suggest that the BSN group contains more members who might feel that the effort would not be worthwhile because of perceived incompatibility of the programs.

Summary. Faculty perceptions of compatibility or incompatibility of articulation between BSN and ADN programs were examined using Stevens' model of possible relationships: 1) no compatibility at all; 2) some overlap; 3) a core of knowledge and skill common to both; and 4) no differences (Table 5). No respondent chose the "No difference" relationship. Only 13% of the BSN group and 3% of the ADN

group saw the programs as incompatible. The BSN group was almost evenly divided between those who perceived the programs as overlapping (42%) and those who saw the programs as having a common core (45%). The majority of the ADN group saw the programs as compatible with a common core (78%). Differences were significant at the .01 level, using the chi-square technique.

When both overlap and common core categories were combined, the majority of respondents (93%) perceived the programs as compatible. This suggests that these two ways of viewing articulation should be further explored. While each implies a difference in curriculum design and transfer of credit from one level to another, they may well provide an effective way of opening full discussion of curricular concerns, and of moving towards the goal of articulation based upon the identification of those areas of mutual agreement inherent in overlap or common core content.

Objective 2. Ascertain Faculty Perceptions of the Pressures Against Articulation; i.e., Blocks, Barriers, or Inhibitors, and the Pressures for Articulation; i.e., Supports, Aids, or Motivators.

Two approaches were used to analyze the data that pertained to faculty perceptions of the pressures against and for articulation. First the data were examined using Lewin's force-field analysis design (Figure 1). Second, the data were examined using SPSS for t-test analysis. The results for each of these approaches are described as

follows.

Force-Field Analysis of Data. As explained in the Methods section of this chapter, sixteen items on the final survey instrument suggested pressures against articulation and nine suggested pressures for articulation. To facilitate analysis using Lewin's force-field design, the items were arbitrarily separated into categories. Blocks, barriers, and inhibitors fell into categories which were related to 1) philosophical beliefs; 2) professionalism; and 3) nursing programs, faculty and students. Supports, aids, and motivators fell into categories which were related to 1) social, demographic, and economic/political forces; and 2) personal incentives and beliefs about the profession. These categories, indicating those items which fell into each, are shown in Figure 7.

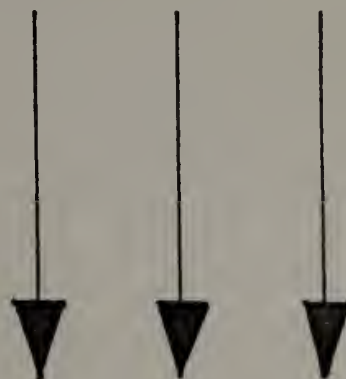
Statistical Analysis of Data. Data for Objective 2 were then analyzed by item category. Items in each category are presented in table form with the mean responses and standard deviations (in parentheses) for the BSN and ADN groups. A lower item mean indicates stronger respondent agreement with the item, since the original scale was 1 to 5, where 1 = strong agreement (SA), 2 = agreement (A), 3 = undecided (U), 4 = disagreement (D), and 5 = strong disagreement (SD). The mean intervals were arbitrarily

Figure 7

Force-Field Analysis of Categories of Faculty
Perceptions of Pressures Against and
For Articulation

Pressures Against Articulation

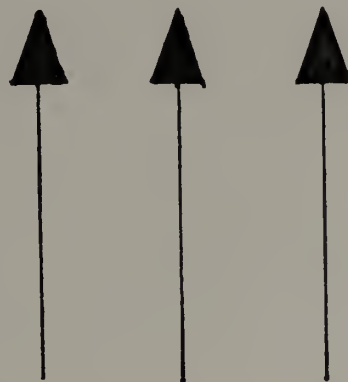
1. Philosophical Beliefs
(Items 1-4) *
2. Professionalism
(Items 5, 8-10, 12, 16) *
3. Nursing Programs, Faculty and
Students
(Items 6, 7, 11, 13-15) *



GOAL OF ARTICULATION

Pressures for Articulation

1. Social, Demographic, and
Economic/Political Forces
(Items 17-19, 21, 25) *
2. Personal Incentives and Beliefs
about the Profession
(Items 20, 22-24) *



*See Appendix G and/or Tables 5-9 for item descriptors

determined as shown below using 3.0 (undecided) as the mid-point.

$$1.0 - 2.0 = SA$$

$$2.1 - 2.5 = A$$

$$2.6 - 3.4 = U$$

$$3.5 - 3.9 = D$$

$$4.0 - 5.0 = SD$$

A comparison of the group means for each item was made using t-tests.* Within each category, items were listed in terms of descending order of t-test results. This was done to highlight those areas where there was the most disagreement and the most agreement between BSN and ADN faculty groups.

Along with t-tests for the total BSN versus ADN groups, t-tests were performed to examine differences between BSN faculty and BSN directors, similarly for ADN faculty and ADN directors. The results were not found to be significantly different except for four of the thirty-nine Likert items. The difference between BSN directors and BSN faculty was significant for Item 11 in Table 6A (Appendix L) and for Item 23 in Table 7A (Appendix L). The difference between ADN directors and ADN faculty was also

*The null hypothesis for these tests was that the two means were not significantly different. Where the calculated t-values is significant (minimum of $p < .05$) the null hypothesis is rejected.

significant for two items, 24 and 25, both in Table 7B (Appendix L). These differences will be presented in the appropriate sections that follow.

Faculty Perceptions of Pressures Against Articulation:
Category of Philosophical Beliefs. Table 6 shows the results of the statistical analyses of the four items addressing faculty perceptions of blocks to articulation in the category of Philosophical Beliefs. All four items showed a significant difference in responses between the BSN and ADN groups. In the discussion that follows, the number of the item being considered is shown in parenthesis.

An examination of the data in Table 6 shows that the ADN group agreed that strong philosophical beliefs of BSN program deans and directors (4) and BSN faculty members (3) are blocks to articulation efforts. The ADN group strongly disagreed that the beliefs of ADN faculty (1) and directors (2) are blocks to articulation. In contrast, the BSN group is undecided about the philosophical beliefs of BSN deans and directors (3), BSN faculty (3), and ADN faculty (1) as blocks to articulation. The BSN group disagreed that strong philosophical beliefs of ADN directors are blocks to articulation efforts (2).

The data suggest that philosophical differences are blocks to articulation efforts, and that these differences must be addressed in order to move toward articulation

TABLE 6

BSN and ADN Faculty Perception of Pressures Against Articulation in
the Category of Philosophical Beliefs

Item	SA Mean=1.0-2.0	A 2.1-2.5	U 2.6-3.4	D 3.5-3.9	SD 4.0-5.0	T (df=137)
4. Strong philosophical beliefs of <u>BSN program deans and directors</u> are a block to articulation efforts		ADN 2.2 (1.0)	BSN 3.2 (1.1)			5.34**
1. Strong philosophical beliefs of <u>ADN faculty members</u> are a block to articulation efforts.			BSN 3.4 (1.0)		ADN 4.0 (1.1)	3.24**
2. Strong philosophical beliefs of <u>ADN program directors</u> are a block to articulation efforts.				BSN 3.5 (0.9)	ADN 4.0 (1.0)	3.11**
3. Strong philosophical beliefs of <u>BSN faculty members</u> are a block to articulation efforts.		ADN 2.5 (1.0)	BSN 3.1 (1.2)			2.76**

*p <.05

**p <.01

Note: Cell entries represent group means. The number in parenthesis is the standard deviation of responses for that group.

between the two levels of programs. However, the extent of indecision on the part of the BSN faculty group indicates that these blocks may not be a very strong force against articulation.

Faculty Perceptions of Pressures Against Articulation:

Category of Professionalism. Table 7 shows the results of the statistical analyses of the six items addressing faculty perceptions of blocks, barriers, or inhibitors to articulation in the category of Professionalism. Only two of the six items (9 and 12) showed a significant difference in responses between the BSN and ADN groups.

Examination of the data in Table 7 shows that the ADN group and the BSN group were not significantly different in their views that lack of a clear definition of nursing at the ADN and BSN levels is a major block to articulation (5). The findings underscore the fact that there is no generally accepted definition of nursing within the profession and that more attention paid to definition would clarify content at each level and perhaps allow greater progress on articulation to be made.

Both groups strongly disagreed that an associate degree RN who graduated more than five years ago will not learn to conceptualize professional nursing as is presently required in the BSN program (10), and that associate degree nursing education should be preparation for professional

TABLE 7

BSN and ADN Faculty Perceptions of Pressures Against Articulation in the Category of Professionalism

Item	Mean =	SA 1.0-2.0	A 2.1-2.5	U 2.6-3.4	D 3.5-3.9	SD 4.0-5.0	t (df=137)
9. Professionalism at the baccalaureate level can be achieved through generic baccalaureate programs and <u>not</u> through articulation with ADN programs.				BSN 3.1 (1.3)		ADN 4.3 (0.9)	6.46**
12. Successful socialization into baccalaureate nursing is <u>impossible</u> when initial socialization is at the AD level.						BSN 4.1 (0.8) ADN 4.4 (0.6)	2.32*
10. An associate degree RN who graduated more than five years ago will <u>not</u> learn to conceptualize professional nursing as is presently required in the BSN program.						BSN 4.1 (0.8) ADN 4.2 (0.7)	1.20
8. Associate degree nursing education should be preparation for professional nursing education only for those students who do <u>not</u> have access to four-year programs for reasons of geography, financial problems, family responsibilities, or other personal reasons.						BSN 4.0 (1.2) ADN 4.2 (1.0)	1.02
5. Lack of a clear definition of nursing at the ADN and BSN levels is a major block to articulation.		BSN 2.0 (1.3)	ADN 2.2 (1.1)				.60
16. NLN accreditation policies concerning educational mobility of RNs act as a deterrent to articulation efforts.				BSN 3.2 (1.0) ADN 3.2 (1.1)			.20

*p < .05

**p < .01

Note: Cell entries represent group means. The number in parenthesis is the standard deviation of responses for that group.

education only for those students who do not have access to four-year programs for reasons of geography, financial problems, family responsibilities, or other personal reasons (8). Again, t-test results indicated no significant difference between the groups on these two items. The data indicate that both groups perceive that ADN graduates do have the potential to achieve professional status, and therefore ADN education, in and of itself, is not a block to articulation efforts.

Both groups were undecided about whether NLN accreditation policies concerning educational mobility of RNs act as a deterrent to articulation efforts (16). There was no significant difference between the BSN group and the ADN group on this perception, according to t-test analysis. This finding may indicate that faculty members are not aware of NLN policies, or have not thought about, or are not sure of how these policies relate to, or may impact on, the articulation process as defined in this study.

Examination of the results for the remaining two items in the category of Professionalism showed a significant difference in perception between the two faculty groups. Both groups strongly disagreed, the ADN group disagreeing more strongly than the BSN group, that successful socialization into baccalaureate nursing is impossible when initial socialization is at the AD level (12) ($p < .05$).

The BSN group was undecided, whereas the ADN group strongly disagreed that professionalism at the baccalaureate level can be achieved through generic baccalaureate programs and not through articulation with ADN programs (9) ($p < .01$).

These findings on Item 12 indicate that despite their differences, nurse educators in Massachusetts public higher education recognize that it is possible to achieve successful socialization from associate degree into baccalaureate nursing via the articulation process. The findings are less clear for professionalism (9), where baccalaureate educators are undecided and associate degree educators strongly disagree that professionalism can be achieved only through generic baccalaureate programs. The indecision of BSN educators may reflect the fact that the definition and means to professionalism are contested issues within the nursing profession. Much of the resistance to articulation may rest on failure to reach consensus within the profession on the fundamental issue of what constitutes professional nursing, and what that level of preparation should be.

Faculty Perception of Pressures Against Articulation:
Category of Nursing Programs, Faculty, and Students. Table 8 shows the results of the statistical analyses of the six items addressing faculty perceptions of blocks, barriers, or inhibitors to articulation in the category of Nursing

TABLE 8

BSN and ADN Faculty Perceptions of Pressures Against Articulation in the
Category of Nursing Programs, Faculty, and Students

Item	Mean =	SA	A	U	D	SD	t (df=137)
		1.0-2.0	2.1-2.5	2.6-3.4	3.5-3.9	4.0-5.0	
11. Faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs.					BSN 3.8 (0.9)	ADN 4.6 (0.6)	6.43**
15. AD programs teach content at different levels of sophistication, hence it is difficult for a BSN program to articulate with more than one ADN program				BSN 3.4 (0.9)	ADN 3.8 (0.8)		2.75**
14. Because of the multiple themes and approaches to nursing that are provided by the seven BSN and fourteen ADN programs in the public sector, articulation is not possible.					BSN 3.9 (0.9)	ADN 4.1 (0.7)	1.89
7. Lack of trust between faculties of the two levels of programs in regard to quality of teaching is a block to articulation.			ADN 2.4 (1.1)	BSN 2.8 (1.3)			1.81
13. There is a direct relationship between the intellectual level of the student and the level of nursing program that the student elects to enter.						ADN 4.2 (0.9) BSN 4.1 (0.9)	.76
6. The need to protect existing program territoriality is a block to articulation.			BSN 2.5 (1.4) ADN 2.4 (1.1)				.65

*p <.05

**p <.01

Note: Cell entries represent group means. The number in parenthesis is the standard deviation of responses for that group.

Programs, Faculty, and Students. Two of the six items (11 and 15) showed a significant difference in response between the BSN and ADN groups.

An examination of the data in Table 8 shows that the BSN and ADN groups are not significantly different in their views regarding the need to protect existing program territoriality (6). Both agree that this need is a block to articulation. Likewise, there is no significant difference as to lack of trust between faculties of the two levels of programs in regard to quality of teaching (7), although the ADN group agreed that the lack of trust is a block to articulation, while the BSN group was undecided.

Further examination shows that there is no significant difference between groups on Items 14 and 13; that is, both groups disagree that because of the multiple themes and approaches to nursing that are provided by the seven BSN and fourteen ADN programs in the public sector, articulation is not possible (14), and both groups disagree that there is a direct relationship between the intellectual level of the student and the level of nursing program that the student elects to enter (13). These two concepts, then, were not seen as blocks to articulation.

Examination of the results for the remaining two items in this category (15 and 11) revealed a significant difference in perception at the .01 level for each. The

BSN group was undecided and the ADN group disagreed that AD programs teach content at different levels of sophistication, hence it is difficult for a BSN program to articulate with more than one ADN program (15). The data suggest that BSN educators lack enough knowledge of ADN programs to agree or disagree on this item, while ADN educators seem confident regarding equality in sophistication of preparation. Such a difference in perception suggests a barrier to articulation.

Finally, examination of the results for Item 11 indicated that BSN faculty disagree, whereas the ADN group strongly disagree that faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs. The data suggest that the ADN group feels strongly that ADN faculty preparation is equivalent to that of BSN faculty and the BSN group agrees, although not as strongly.

Item 11 was one of the two Likert items on which the BSN program directors' group response was significantly different from that of the BSN faculty ($p < .05$). Baccalaureate program directors were undecided ($M = 2.8$) on the statement that BSN faculty have a greater knowledge base than do ADN faculty, whereas, the BSN faculty group disagreed ($M = 3.8$, Appendix L, Table 6A, Item 11). There was no significant difference in response between the ADN

directors and the ADN faculty group. The indecision on the part of the BSN directors may reflect the trend to encourage doctoral preparation and to appoint doctorally prepared BSN faculty that is apparent in baccalaureate programs across the country. Demographic data collected for the study also revealed that more BSN faculty have attained doctoral degrees than have ADN faculty. These factors may explain why the BSN directors' group is undecided on the statement that faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs.

Faculty Perceptions of Pressures for Articulation:

Category of Social, Demographic, and Economic/Political Forces. Table 9 shows the results of the statistical analyses of the five items addressing faculty perceptions of supports, aids, or motivators for articulation in the category of Social, Demographic, and Economic/Political Forces. Responses of the two groups to four of the five items in this category (17, 19, 21, and 25) were significantly different.

Examination of the data in Table 9 shows that the BSN group agreed and the ADN group strongly agreed, that social forces involving the changing role of women and their desire for status will encourage articulation through increased RN demands (17). The difference in perception

TABLE 9

BSN and ADN Faculty Perceptions of Pressures for Articulation in the
Category of Social, Demographic, and Economic/Political Forces

Item	Mean =	SA	A	U	D	SD	t (df=137)
		1.0-2.0	2.1-2.5	2.6-3.4	3.5-3.9	4.0-5.0	
21. ADN RNs are, or will be a major driving force to encourage acceptance by transfer into BSN programs.			ADN 2.1 (0.7)	BSN 2.7 (0.9)			4.81**
19. The declining number of high school graduates will encourage, if not force, baccalaureate programs to search out AD graduates as a new source of supply of students.			ADN 2.2 (0.9)	BSN 2.9 (1.0)			4.57**
17. Social forces such as the changing role of women and their desire for status will encourage articulation efforts through increased RN demands.		ADN 2.0 (0.7)	BSN 2.3 (1.0)				2.44*
25. The Massachusetts Board of Regents of Higher Education will eventually mandate articulation, much as was done by the California legislature.				BSN 3.0 (0.7) ADN 2.7 (0.7)			2.35**
18. Economic forces such as Proposition 24, restricted state funds for public higher education, and the decline of federal funds will stimulate articulation efforts.				ADN 2.8 (1.1) BSN 2.7 (1.1)			.15

*p <.05

**p <.01

Note: Cell entries represent group means. The number in parenthesis is the standard deviation of responses for that group.

between the groups was significant at the .05 level.

The ADN group also agreed that the declining numbers of high school graduates will encourage, if not force, baccalaureate programs to search out AD graduates as a new source of supply of students (19), and that ADN RNs are, or will be, a major driving force to encourage acceptance by transfer into BSN programs (21). The BSN group was undecided about these two forces, and the differences in perception between the groups were significant at the .01 level for both items. Findings for these three items suggest that ADN faculty members see Items 17, 21, and 19 as stronger forces for articulation than do BSN faculty.

Both faculty groups were undecided, the BSN group more so than the ADN group, on whether the Massachusetts Board of Regents of Higher Education will eventually mandate articulation of the two levels of programs (25). The difference in perception was significant at the .01 level. When data on this item were analyzed separately for administrators and faculty, the difference between ADN directors and ADN faculty was significant ($p < .05$). The directors agreed with the statement ($M = 2.2$), whereas the faculty remained undecided ($M = 2.8$, Appendix L, Table 7B, Item 25), suggesting optimism on the part of the ADN directors that the Board will eventually take action on the issue. There was no significant difference in responses

between the BSN directors and their faculty group on this item.

Both ADN and BSN groups were undecided on whether economic forces such as the restriction and/or decline of public funds would stimulate articulation efforts (18). This was the only item in this five-item category dealing with social, demographic, and economic/political forces on which there was no significant difference in perception between the groups, according to t-test results. The data suggest that both groups are unsure of the eventual actions of the Massachusetts Board of Regents, and of the effect of economic forces on the issue of articulation of programs in the state.

Faculty Perceptions of Pressures For Articulation:

Category of Personal Incentives and Beliefs About the Profession. Table 10 shows the results of the statistical analyses of the four items addressing faculty perceptions of supports, aids, or motivators for articulation in the category of Personal Incentives and Beliefs About the Profession. Here, three of the four items (22, 23, 24) produced significantly different responses between the two groups.

Examination of the data in Table 10 showed that the ADN and BSN groups were not significantly different in their agreement that if faculty members, including program

TABLE 10

BSN and ADN Faculty Perceptions of Pressures for Articulation in the
Category of Personal Incentives and Beliefs About the
Profession

Item	Mean =	SA	A	U	D	SD	t
		1.0-2.0	2.1-2.5	2.6-3.4	3.5-3.9	4.0-5.0	(df=137)
22. An NLN accredited ADN program gives the necessary prerequisite knowledge and skills for the baccalaureate level of study of nursing.		ADN 2.0 (0.8)		BSN 3.2 (1.0)			7.64**
23. Rewards, such as released time and/or pay for time required outside of the academic year, will motivate faculty members to work on articulation.		ADN 2.0 (0.7)		BSN 2.7 (1.0)			4.60**
24. Professionalism at the baccalaureate level can be achieved through a career ladder approach to nursing education.		ADN 2.0 (0.8)		BSN 2.5 (1.0)			3.64**
20. If faculty members, including program directors, and deans, are committed to the concepts of articulation, the work will follow that is needed to accomplish the goal of articulation within the state.		ADN 1.9 (0.9)	BSN 2.1 (1.0)				.94

*p <.05

**p <.01

Note:

Cell entries represent group means. The number in parenthesis is the standard deviation of responses for that group.

administrators, are committed to the concept of articulation, the work will follow that is needed to accomplish the goal of articulation within the state (20). The data suggest that if more broad-based commitment can be obtained for the concept of articulation, then faculty will work toward this outcome.

In addition, the ADN group strongly agreed, while the BSN group was undecided, on the remaining three items in the category (22, 23, and 24). These items stated that an NLN accredited ADN program gives the necessary prerequisite knowledge and skills for the baccalaureate level of study of nursing (22); that rewards, such as released time and/or pay for time required outside of the academic year, will motivate faculty members to work on articulation (23); and that professionalism at the baccalaureate level be achieved through a career ladder approach to nursing education (24). The difference in perception between the groups was significant at the .01 level for each item. Responses suggest that the ADN faculty group holds more positive beliefs about these pressures for articulation than does the BSN group, and raises the question of why the BSN group has not taken a position one way or the other.

When nursing administrators were separated from their faculty groups, the data showed that where rewards such as released time or added compensation for working on

articulation outside such as of the academic year was the issue (23), BSN faculty members remained undecided ($M = 2.6$), whereas BSN directors disagreed ($M = 3.6$). The difference was significant at the .05 level (Appendix L, Table 7A, Item 23). These findings suggest a difference in perception between BSN faculty and BSN administration regarding the usefulness of supplemental resources for facilitating articulation. It would be interesting to know whether the findings suggest that administrators of BSN programs feel that faculty can or should accomplish the work required for articulation of programs as part of their regular load, or should accomplish it without extra compensation. There was no significant difference in response between ADN administrators and the ADN faculty group on this issue.

Again, when nursing administrators were separated from their faculty groups, the data showed that where a career ladder approach to professional nursing education was the issue (24), the ADN faculty strongly agreed ($M = 1.9$) and the ADN administrators agreed ($M = 2.4$). The difference was significant at the .05 level (Appendix L, Table 7B, Item 24). These findings suggest that support is stronger from ADN faculty than from ADN directors on the achievement of professionalism at the baccalaureate level through a career ladder approach to nursing education.

There was no significant difference in response between the BSN administrators and the BSN faculty group on this issue.

Summary. Objective 2 sought to ascertain faculty perceptions of pressures against and for articulation. Pressures against articulation fell into three categories:

- 1) Philosophical Beliefs; 2) Professionalism; and
- 3) Nursing Programs, Faculty, and Students. Pressures for articulation fell into two categories: 1) Social, Demographic, and Economical/Political Forces, and
- 2) Personal Incentives and Beliefs about the Profession.

In the first category there was no agreement between the BSN and ADN groups on philosophical beliefs as pressures against articulation. In fact, the difference between groups for each item was significant at the .01 level. The ADN group agreed that strong philosophical beliefs of BSN program deans and directors (4) and BSN faculty (3) were blocks to articulation; the BSN group was undecided. The ADN group strongly disagreed that strong philosophical beliefs of ADN faculty were blocks to articulation (1); again, the BSN faculty group was undecided. The ADN group strongly disagreed that strong philosophical beliefs of ADN program directors were a block to articulation (2); the BSN group disagreed. The significant differences between the groups suggest that philosophical

beliefs are, indeed, blocks to articulation which must be addressed if articulation is to come about. However, the extent of indecision on the part of the BSN group indicates that for these people these blocks may not be a very strong force against articulation, even though perceived to be so by ADN faculty.

Examination of the second category, Professionalism, revealed that the two faculty groups agreed, the BSN group agreeing more strongly than the ADN group, that lack of a clear definition of nursing at the ADN and BSN levels was a pressure against articulation (5). These findings underscored the fact that there is no generally accepted definition of nursing within the profession, and suggest that more attention paid to definition would help to clarify content for each level.

Neither group perceived that NLN accreditation policies concerning educational mobility of RNs were pressures against articulation (16). In fact, both groups were undecided on the item which suggests that faculty members are not aware of the policies, or have not considered how the policies may impact on the articulation process as defined in this study. Neither faculty group saw AD RNs who had graduated more than five years ago as not learning to conceptualize professional nursing as is required in BSN programs (10), nor did they see that ADN education should be preparation for BSN education only

for those students who do not have ready access to four-year programs (8). Hence, neither item was perceived to be a pressure against articulation. Similarly, neither group saw successful socialization into baccalaureate nursing for ADN RNs as impossible (12), although the difference between groups was significant at the .05 level. That is, the ADN group disagreed with this item more strongly than did the BSN group. Thus, resocialization of associate degree graduates was not perceived to be a pressure against articulation.

Although not perceived to be a pressure against articulation, the findings were less clear for professionalism, where BSN educators were undecided and ADN educators strongly disagreed that professionalism can be achieved only through generic BSN programs and not through articulation with ADN programs (9). Furthermore, the difference between groups was significant at the .01 level. The indecision of BSN educators may reflect the fact that the definition and means to professionalism are contested issues within the nursing profession. Much of the resistance to articulation may well rest on failure to reach consensus within the profession on the fundamental issue of what constitutes professional nursing, and what that level of preparation should be.

Examination of the third category--Nursing Programs,

Faculty, and Students,--indicated that both faculty groups agreed that the need to protect existing program territoriality is a pressure against articulation (6). In addition, the ADN group agreed, while the BSN group was undecided, that lack of trust between BSN and ADN faculty in regard to quality of teaching is a pressure against articulation (7). These findings suggest that trust and good will are essential elements if a productive working relationship is to be developed with articulation as the goal.

Neither faculty group saw the intellectual level of students in either program (13) as a pressure against articulation, nor did they see that articulation was impossible because of multiple themes and approaches to nursing provided by the seven BSN and fourteen ADN programs in the state system (14). However, the BSN group was undecided, while the ADN group disagreed, that AD programs teach content at different levels of sophistication, hence it is difficult for a BSN program to articulate with more than one ADN program (15). The difference was significant at the .01 level. These data suggest that BSN educators lack the knowledge of ADN programs necessary to agree or disagree, while ADN educators seem confident regarding equality in sophistication of preparation. The significant difference between groups on this item may be a pressure against articulation.

Finally, neither group saw that faculty who teach in BSN programs have a greater knowledge base than do faculty who teach in ADN programs (11). Therefore, the perceived equivalency of faculty preparation was not considered to be a pressure against articulation, although the difference between the group responses was significant at the .01 level. For this item the BSN directors' group response was significantly different from that of the BSN faculty ($p < .05$). BSN program directors were undecided, whereas the BSN faculty group disagreed that the knowledge base of BSN faculty was greater than that of ADN faculty. These findings suggested that the indecision on the part of BSN administrators may reflect the trend to encourage doctoral preparation and to appoint doctorally prepared BSN faculty that is apparent in baccalaureate programs across the country. Demographic data confirmed the fact that more BSN than ADN faculty hold doctoral degrees, which may help explain why the BSN directors' group was undecided on the statement that faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs.

There was no significant difference in response between the ADN directors and ADN faculty on this issue. Both strongly disagreed that BSN faculty are better prepared than are ADN faculty.

The first category of pressures for articulation indicated that social forces such as the changing role of women and their desire for status (17) were the only pressures agreed upon by both groups, although the ADN group agreed more strongly than did the BSN group, and the difference was significant at the .05 level. The ADN group agreed that declining high school enrollments would encourage, if not force, BSN programs to search out AD graduates as a new source of supply of students (19), and that ADN RNs are, or will be, a major economic/political force to encourage acceptance by transfer into BSN programs (21). The BSN group, however, was undecided on these forces as pressures for articulation, and the difference between groups was significant at the .01 level for each item.

Neither faculty group saw the possibility of an eventual mandate from the Massachusetts Board of Regents of Higher Education as a pressure for articulation (25). Both groups were undecided, the BSN group more so than the ADN group; the difference between groups was significant at the .01 level. However, when administrators were analyzed separately from their faculty groups, the ADN directors agreed with the possibility of an eventual mandate, the ADN faculty remained undecided. The difference between the groups was significant at the .05 level, suggesting optimism

on the part of ADN administrators that the Board of Regents will eventually act as a pressure for articulation by mandating such action. There was no significant difference between the BSN administrators and the BSN faculty group on this issue.

Both groups were undecided on economic forces, including restricted state and federal funds for higher education (18), as pressures for articulation.

In the second category of pressures for articulation, those related to personal incentives and beliefs about the profession, the two faculty groups were not significantly different in their agreement that if faculty members, including administrators, are committed to the concept of articulation, the work will follow that is needed to accomplish the goal (20). The data suggest that if more broad-based commitment can be obtained for articulation, faculty will work toward this outcome.

Other beliefs concerned ADN programs as a foundation for BSN preparation (22), and the achievement of professionalism through this career ladder approach (24). ADN faculty strongly agreed with these beliefs, but BSN faculty were undecided. These differences were significant at the .01 level.

The ADN faculty group strongly agreed that incentives for work on articulation (23) would be pressures for

articulation, while the BSN group was undecided.

Separation of program administrators from faculty data showed that BSN directors disagreed, while BSN faculty remained undecided and the difference was significant on the issue of rewards as incentives for faculty to work on articulation (23). The findings indicate a difference in perception between BSN faculty, and BSN administrators concerning the usefulness of supplemental resources for facilitating articulation. The question arises as to whether BSN directors feel that faculty can or should work toward articulation, either as part of their regular load, or without added compensation outside of the academic year, or perhaps not at all.

Again when nursing administrators were separated from their faculty groups, there was a significant difference between ADN directors and ADN faculty on the issue of a career ladder approach to professional nursing education (24). While both groups saw the approach as a pressure for articulation, the ADN faculty saw it more strongly than did the ADN administrators. The findings suggest that support is stronger from ADN faculty than from ADN directors on the achievement of professionalism at the baccalaureate level through a career ladder approach to nursing education. There was no significant difference in response between the BSN administrators and the BSN faculty group on this issue.

For the twenty-five pressures against or for articulation listed under Objective 2, the BSN group was undecided on fourteen (56%); the ADN group was undecided on three (12%), suggesting that the BSN group is unsure regarding articulation as a way of reducing the confusion in nursing education in Massachusetts.

Objective 3. Ascertain Strategies by Which Faculty Perceive that Articulation Between the Two Levels of Programs Can be Encouraged or Discouraged.

As with Objective 2, two approaches were used to analyze the data that pertained to faculty perceptions of the strategies to encourage or discourage articulation. First, the data were examined using Lewin's force-field analysis design. The data were then examined using SPSS for t-test analysis. The results for each of these approaches are described as follows.

Force-Field Analysis of Data. Ten items on the questionnaire suggested strategies that could be developed within the nursing profession to encourage articulation and three items suggested strategies to discourage articulation. Again, to facilitate analysis using Lewin's force-field design, the items were arbitrarily separated into categories. The categories to encourage articulation related to 1) adjustments of curricula and leadership within the profession; 2) changes in admission and transfer requirements; and 3) a mandate from the Massachusetts Board of Regents of Higher

Education. Items in the first two categories dealt with strategies from within the nursing profession. The item in the third category, a mandate from the Massachusetts Board of Regents of Higher Education, was a strategy that dealt with pressure from outside the profession, and was consequently placed in a category by itself.

Strategies to discourage articulation fell into one category, that of One Entry Level into Professional Practice. The categories, indicating those items which fell into each, are shown in Figure 8.

Statistical Analysis of Data. Data for Objective 3 were analyzed by category. Items in each category are presented with the mean responses and standard deviations (in parentheses) for the BSN and ADN groups. A lower item mean indicates stronger respondent agreement with the item, based on the original scale: 1 = strong agreement (SA), 2 = agreement (A), 3 = undecided (U), 4 = disagreement (D), and 5 = strong disagreement (SD). The mean intervals were, again, arbitrarily determined as shown below using 3.0 (undecided) as the mid-point.

$$1.0 - 2.0 = SA$$

$$2.1 - 2.5 = A$$

$$2.6 - 3.4 = U$$

$$3.5 - 3.9 = D$$

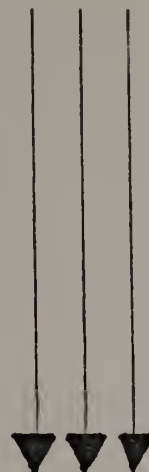
$$4.0 - 5.0 = SD$$

Figure 8

Force-Field Analysis of Categories
of Faculty Perceptions of Strategies
To Encourage and Discourage Articulation

Strategies to Encourage Articulation

1. Adjustments of Curricula and
Leadership within the Profession
(Items 26-29, 31, 34)*
2. Changes in Admission and Transfer
Requirements, and Working in Geo-
graphical Proximity to Each Other
(Items 30, 32-33, 35)*
3. Mandate from Massachusetts Board
of Regents of Higher Education
(Item 39)*



GOAL OF ARTICULATION

Strategies to Discourage Articulation

1. One Entry Level into Professional
Practice
(Items 36-38)*



*See Appendix G and/or Tables 10-13 for
item descriptors.

A comparison of group means for each item was made using t-tests. Within each category, items were listed in descending order of t-test results. This was done to highlight those areas where there was the most disagreement and the most agreement between BSN and ADN faculty groups.

As previously mentioned, t-tests were performed on all items related to Objective 3 in order to examine differences between BSN faculty and BSN directors, similarly for ADN faculty and ADN directors. The results of this inquiry showed no significant differences between faculty and directors of either group for items in these categories (Appendix L, Tables 8A, 8B, 9A, and 9B).

Faculty Perceptions of Strategies to Encourage Articulation: Category of Adjustments of Curricula and Leadership Within the Profession. Table 11 shows the results of statistical analyses for the six items addressing faculty perceptions of strategies to encourage articulation in the category of Adjustments of Curricula and Leadership Within the Profession. Responses of the two groups to three of the six items in this category (34, 28, and 31) were significantly different.

Examination of the data in Table 11 shows that the BSN and ADN groups were not significantly different in agreement that in order for articulation to become a reality, both programs must evaluate and adjust their curricula (29).

The data suggest that cooperative planning between the two levels is an important strategy. Three other strategies for adjustments of curricula were listed in this category. Where it was suggested that ADN programs assume the responsibility for adjusting to BSN curricula (27), the BSN group was undecided and the ADN group disagreed, but there was no significant difference in that result. Where it was suggested that BSN programs assume the responsibility for adjusting to ADN curricula (28) ($p < .01$), both groups were undecided, the BSN group more so than the ADN group. The data suggest that these two strategies do not hold promise as possibilities to encourage articulation. Where it was suggested that ADN programs teach a basic curriculum and the BSN program teach a more advanced curriculum which would result in better prepared nurses (34), the ADN group agreed, and again, the BSN group was undecided. The difference was significant at the .01 level. These results suggest that ADN faculty feel more positive than do BSN faculty about a career ladder type of curriculum where ADN RNs may progress from one level to the next.

Regarding leadership in the profession, the ADN group agreed that a nurse facilitator is needed to work with faculties to stimulate thinking and attitude changes concerning articulation (31). Again, the BSN group was undecided. The difference was significant at the .01 level,

TABLE 11

BSN and ADN Faculty Perceptions of Strategies to Encourage Articulation in the
Category of Adjustments of Curricula and Leadership Within
the Profession

Item	Mean =	SA 1.0-2.0	A 2.1-2.5	U 2.6-3.4	D 3.5-3.9	SD 4.0-5.0	t (df=137)
34. ADN programs that teach nursing process and basic knowledge and skills, and BSN programs that concentrate on advanced skills, leadership, community health, and preparation for graduate work would result in better prepared nurses.			ADN 2.1 (0.9)	BSN 2.9 (1.2)			4.75**
28. Articulation between two- and four-year programs is possible if BSN programs assume the responsibility for building upon ADN competencies.				BSN 3.2 (0.9) ADN 2.6 (1.0)			3.65**
31. A nurse facilitator who is very knowledgeable about human behavior and group dynamics is needed to work with faculties to stimulate thinking and attitude changes concerning articulation.			ADN 2.2 (1.0)	BSN 2.6 (1.2)			2.68**
27. Articulation between two- and four-year programs is possible if ADN programs assume the responsibility for adjusting to BSN curricula.				BSN 3.3 (0.8)	ADN 3.6 (0.9)		1.60
29. In order for articulation between ADN and BSN education to become a reality, both programs have to evaluate and adjust to their curricula.		ADN 2.0 (1.0)	BSN 2.1 (1.1)				.90
26. Articulation of programs in Massachusetts will happen only when nursing program deans and directors want it to happen and lead the way.				BSN 2.8 (1.0) ADN 2.6 (1.1)			.99

*p < .05

**p < .01

Note: Cell entries represent group means. The number in parenthesis is the standard deviation of responses for that group.

suggesting that the two groups disagree about the need for a nurse facilitator as a leader in articulation efforts. Both groups were undecided, the BSN group somewhat more than the ADN group, and there was no significant difference on the issue of whether articulation would happen only when nursing program deans and directors want it to happen and lead the way (26). These data suggest that faculty members are uncertain as to the importance of the leadership of program administrators in regard to articulation efforts.

Overall, the BSN group was undecided about five of the six strategies, and agreed with one. The ADN group agreed, or strongly agreed, with three of the six strategies, were undecided about two of them, and disagreed with one. There was a difference at the .01 level for three of the six strategies. These data suggest that BSN faculty are less sure of their position than are ADN faculty regarding strategies to encourage articulation either in terms of curricular adjustments or leadership to make it happen.

Faculty Perceptions of Strategies to Encourage Articulation: Category of Changes in Admission and Transfer Requirements, and Working in Geographical Proximity to Each Other. Table 12 shows the results of statistical analyses of the four items addressing faculty perceptions of strategies to encourage articulation the category of Changes

in Admission Requirements, and Working in Close Proximity to Each Other. Here two of the four items (30 and 35) produced significantly different responses between the two groups.

Examination of the data in Table 12 shows that there was no clear cut agreement on strategies to encourage articulation in this category. Again, the BSN faculty group was undecided on three items; the ADN group agreed or strongly agreed on the same three. That is to say, on the item stating that articulation can best be accomplished among clusters of colleges in geographically prescribed areas of the state (32), the ADN group agreed, the BSN group was undecided, and the t-test results showed no significant difference. The same pattern of responses held true on the item suggesting that standardized admission criteria for ADN and BSN programs would aid articulation efforts (33); i.e., the ADN group agreed, the BSN group was undecided, and the t-test results showed no significant difference. On the third item it was suggested that to facilitate articulation, transfer credit from ADN courses should be accepted by BSN programs (30). Here the ADN group strongly agreed, the BSN group was undecided, and the difference was significant at the .01 level. The results suggest that strategies in this category, as in the previous category, will receive more support from ADN faculty members than from

TABLE 12

BSN and ADN Faculty Perceptions of Strategies to Encourage Articulation in the Category of Changes in Admission and Transfer Requirements, and Working in Close Proximity to Each Other

Item	Mean =	SA	A	U	D	SD	t (df=137)
		1.0-2.0	2.1-2.5	2.6-3.4	3.5-3.9	4.0-5.0	
30. To facilitate articulation, transfer credit from ADN courses should be accepted by BSN programs, just as liberal arts and science are accepted.		ADN 2.0 (0.9)		BSN 2.9 (1.1)			5.61**
35. Graduation from an ADN program, plus RN licensure, should be a requirement for entrance into BSN programs in the system of public higher education in the state.					ADN 3.5 (1.3)	BSN 4.2 (1.1)	3.51**
33. Standardized admission criteria for ADN and BSN programs in public higher education would aid articulation efforts.			ADN 2.4 (1.0)	BSN 2.7 (1.1)			1.54
32. Articulation between two- and four-year programs can best be accomplished among clusters of colleges in geographically prescribed areas of the state.			ADN 2.4 (0.9)	BSN 2.6 (1.0)			.98

*p < .05

**p < .01

Note: Cell entries represent group means. The number in parenthesis is the standard deviation of responses for that group.

BSN faculty. In addition, the data raise the question of why BSN faculty are unsure of strategies to support articulation, such as changes in admission or in transfer requirements, or working in close proximity to each other.

The only item on which both groups disagreed, the BSN group disagreeing more strongly than the ADN group, stated that graduation from an ADN program, plus RN licensure, should be a requirement for entrance into BSN programs in public higher education in Massachusetts (35). Here the difference was significant at the .01 level. These data suggest that neither group supports a mandatory career ladder for articulation in Massachusetts, the BSN group disagreeing more strongly than the ADN group.

Faculty Perceptions of Strategies to Encourage Articulation: Category of Mandate from the Massachusetts Board of Regents of Higher Education. Table 13 shows the results of statistical analysis of the one item suggesting a strategy to be imposed by an external force. Responses of the two groups were significantly different.

Examination of the data in Table 13 shows that the ADN group disagreed and the BSN group strongly disagreed with the strategy to encourage articulation by mandate from the Massachusetts Board of Regents of Higher Education. These data indicate that neither group supports mandatory articulation imposed by external authority, the BSN group in stronger disagreement than the ADN group.

TABLE 13

BSN and ADN Faculty Perceptions of Strategies to Encourage Articulation in the
Category of Mandate from Massachusetts Board of Regents of
Higher Education

Item	Mean =	SA	A	U	D	SD	t
		1.0-2.0	2.1-2.5	2.6-3.4	3.5-3.9	4.0-5.0	(df=137)
39. The best way for state-wide articulation between ADN and BSN programs to happen is by mandate from the Massachusetts Board of Regents of Higher Education.					ADN 3.5 (1.2)	BSN 4.1 (1.1)	2.78**

*p <.05

**p <.01

Note: Cell entries represent group means. The number in parenthesis is the standard deviation of responses for that group.

Faculty Perceptions of Strategies to Discourage

Articulation: Category of One Entry Level into Professional Practice. Table 14 shows the results of statistical analyses of the three items addressing faculty perceptions of strategies to discourage articulation. These items fell into one category, that of One Entry Level into Professional Practice. Responses of the two groups were significantly different for all three items.

Examination of the data in Table 14 shows that the BSN group was undecided on two strategies, and strongly agreed with the third. In contrast, the ADN group strongly disagreed on two strategies and disagreed with the third. The greatest difference was found for the item stating that the best strategy for reducing the confusion in nursing education while preparing a competent practitioner is to work for one entry level into the profession, and that level should be the BSN degree (38). Here the BSN group strongly agreed and the ADN group disagreed. These data seem to reflect the present activity within the state whereby leaders in the Massachusetts Nurses' Association are drafting legislation toward making the baccalaureate degree a requirement for entry into professional nursing. The wording of this legislation is such that it implies that only BSN graduates may sit for RN licensure examinations, leaving ADN graduates to be licensed as practical nurses and thereby taking away a credential that ADN graduates have had

TABLE 14

BSN and ADN Faculty Perceptions of Strategies to Discourage Articulation in the Category of One Entry Level into Professional Practice

Item	Mean =	SA 1.0-2.0	A 2.1-2.5	U 2.6-3.4	D 3.5-3.9	SD 4.0-5.0	t (df=137)
38. The best strategy for reducing the confusion in nursing education while preparing a competent practitioner is to work for one entry level into the profession, and that level should be the BSN degree.		BSN 2.0 (1.2)			ADN 3.7 (1.3)		7.78**
37. Articulation should be promoted only for those RNs presently in the system; the two levels of education that lead to RN licensure should <u>not</u> be perpetuated.				BSN 2.8 (1.4)		ADN 4.1 (1.0)	6.22**
36. Graduates of community colleges should come to BSN programs with an associate degree in liberal arts that would prepare them for upper division work in nursing, rather than coming to BSN programs with an associate degree in nursing and RN licensure.				BSN 3.4 (1.2)		ADN 4.3 (0.7)	5.61**

*p <.05

**p <.01

Note: Cell entries represent group means. The number in parenthesis is the standard deviation of responses for that group.

since the inception of ADN programs.

The next greatest difference between the faculty groups was found for the item suggesting that articulation should be promoted only for those RNs presently in the system, that the two levels of education that lead to RN licensure should not be perpetuated (37). Here the BSN group was undecided; the ADN group strongly disagreed. These data suggest that while the BSN faculty may be unsure of the licensure issue in relation to the One-Entry-Level concept, the ADN faculty have considered it and strongly disagree with a change in licensure for ADN graduates.

The third strategy in the category to discourage articulation efforts between nursing programs suggested that community colleges graduates come to BSN programs with an associate degree in liberal arts that would prepare them for upper division work in nursing, rather than coming to BSN programs with an associate degree in nursing and RN licensure (36). Again, the BSN group was undecided; the ADN group strongly disagreed. These data suggest that BSN faculty members may not be sure of the merits or problems of this alternative, whereas the ADN group strongly disagree such a plan.

Overall, the data suggest that the ADN group disagrees with strategies to discourage articulation efforts, whereas the BSN group strongly agrees with the concept of

one entry level into the profession and is undecided about the other suggested alternatives.

Summary. Objective 3 sought to ascertain strategies by which faculty perceive that articulation between ADN and BSN programs can be encouraged or discouraged. Strategies to encourage fell into three categories: 1) Adjustments of Curricula and Leadership Within the Profession; 2) Changes in Admission and Transfer Requirements, and Working in Close Proximity to Each Other; and 3) Mandate from the Massachusetts Board of Regents of Higher Education. Only one category of strategies to discourage articulation was identified, and that was One Entry Level into Professional Practice.

While both ADN and BSN groups agreed in the first category, that to achieve articulation there would have to be evaluation and adjustment of both levels of curricula (29), there was no agreement on how to proceed. The ADN group saw a clear division of nursing content between the two levels (34), whereas the BSN group was undecided on this point. Both groups were undecided about having BSN programs assume responsibility for building upon ADN competencies (28). On the other hand, the BSN group was undecided that ADN programs should assume responsibility for adjusting to BSN curricula (27), and the ADN group disagreed on this approach. Both groups were undecided

concerning program deans and directors leading the way (26). The ADN group agreed on the need for a nurse facilitator (31), while the BSN group was undecided. Cooperative planning thus emerged as an important strategy, but a strategy without the specific steps that need to be taken to arrive at the goal of articulation.

Examination of strategies within the second category showed that neither group saw the associate degree and RN licensure as a requirement for entry into baccalaureate programs (35). The strategy of acceptance of transfer credit (30) was favored by the ADN group, but the BSN group was undecided. The BSN group was also undecided about two other strategies to which the ADN group agreed; i.e., standardized admission criteria (33) and articulation on a regional basis within the state (32).

In the third category, neither group would support an externally imposed strategy such as a mandate from the Massachusetts Board of Regents of Higher Education (39).

Strategies to discourage articulation focused on the entry level into professional practice. Responses of the two groups were significantly different for all three strategies. The BSN group was in favor of the baccalaureate as the entry level (38), the ADN group was not. The BSN group was undecided, and the ADN group did not agree to strategies that would promote articulation only for RNs

already in the system (37), or that would provide only the general education component for an upper division preparation for nursing (36). This category defined the philosophical differences between the BSN and ADN groups even more sharply than did the examination of pressures against articulation shown in Table 6. This is probably because instead of addressing broad philosophical differences, the consideration of strategies spelled out specific actions to be undertaken.

Again, it should be noted that for the fourteen strategies to encourage or discourage articulation listed under Objective 3, the BSN group was undecided on ten (71%); the ADN group was undecided on one (7%). This again suggests that BSN faculty are unsure regarding, or have failed to consider articulation as an option to reduce the confusion in nursing education in Massachusetts.

Objective 4. Determine Participant's Expressed Willingness or Unwillingness to Promote Articulation Efforts Within the System of Higher Education in Massachusetts.

Part III of the questionnaire asked participants to select one of two open-ended statements indicating whether or not they were willing to support articulation efforts between two- and four-year collegiate nursing programs in Massachusetts and to give reasons for their choice. The reasons given were sorted by the writer into eight categories and listed by category, according to

willingness or unwillingness to support articulation in descending order of frequency of willingness-to-support responses. These categories were: 1) Benefit to Students; 2) Philosophical Reasons; 3) Unity and Benefit to the Profession; 4) Overall Planning; 5) Societal; 6) Pragmatic; 7) Economic; and 8) Miscellaneous. This categorization was done to facilitate the analysis of the reasons presented by the participants for being willing or unwilling to promote articulation. Each category is described as follows with selected examples of actual responses which indicated willingness to support articulation.*

Benefit to Students. This category included the many responses which stated that articulation would assist students in their educational process. Examples of responses in this category are as follows:

Many times people have little choice as to the education they receive, sometimes because of financial problems. If they know that eventually . . . , they may matriculate into a BS program, then perhaps it would motivate more people to enter nursing. (BSN)

. . . The majority of students are women who have a great deal of responsibility. Most cannot commit themselves for four years full time. (ADN)

*See Appendix M for additional responses in each category.

Philosophical. This category included the responses which presented the personal beliefs of participants concerning articulation. Examples of responses in this category are as follows:

I believe education is progressive. One should be able to achieve higher levels as the need and/or interests of the individual dictate. (BSN)

I believe in a ladder concept in nursing. I feel that the AD (technical level) should be both a terminal degree and the first half of the BS (professional level) without repetition of courses. (ADN)

Unity and Benefit to the Profession. This category included those reasons related to developing a united front through articulation, with subsequent benefits in the educational, political and nursing service areas. Examples of responses in this category are as follows:

If we don't work together we will never be able to present a unified front to: other ed. disciplines, hospitals in terms of wages that are deserved, legislation beneficial to nursing, prevent infringement into nsg by others, e.g., OR techs etc. (BSN)

It [articulation] benefits the profession of nursing by maximizing use of facilities and faculties. (ADN)

Overall planning. This category included reasons related to the need within the profession to plan ahead and to coordinate educational efforts. Examples of responses in this category are as follows:

It seems that with much curriculum revision and planning it would be possible to construct a program allowing easier mobility from ADN to BSN than is currently possible for the student. I'm not convinced though that it will ever happen without some sort of mandate from the Board of Higher Ed. (BSN)

There is a general body of nursing knowledge and skills that should be laid down on either the ADN level or the BS level and once this is accomplished there is no reason why ADN graduates cannot step up to the BS level of competencies with articulation between both faculty groups.
 . . . (ADN)

Societal. This category included reasons related to the good of society as a whole. Examples of responses in this category are as follows:

I believe that nursing as a profession must be committed to providing quality health care and only through coordinated efforts to educate health care professionals can this be met. (BSN)

I believe [articulation] will serve to improve the quality of nursing in the Commonwealth. . .
 (ADN)

Pragmatic. This category included reasons which respondents felt were common sense, practical, or reality based. Examples of responses in this category are as follows:

It is for the present a way out of a dilemma.
 (BSN)

The work must be done. It is long overdue!
 (ADN)

Economic. This category included reasons related to financial considerations. Examples of responses in this category are as follows:

[I am willing to support articulation efforts for] conserving finances. (BSN)

Not only will this [articulation] facilitate the preparation of BSN nurses, but it may result in the saving of private and public funds. (ADN)

Miscellaneous. Reasons which could not be sorted into the preceding categories were included as miscellaneous.

Examples of responses in this category are as follows:

I strongly disagree with anything mandated.
(BSN)

Our AD graduates achieve higher State Board Scores. . . to reach our 1982 [sic] goal, efforts must continue to be made in articulation areas. (ADN)

Presentation of Results. The results of this analysis are presented in Tables 15 and 16. Table 15 presents the results of the inquiry of willingness or unwillingness for the two faculty groups.

Table 15

Expressed Willingness or Unwillingness of BSN
and ADN Faculty to Support Articulation Efforts
Within the System of Higher Education in
Massachusetts

	Willing to Support	Unwilling to Support	No Response
BSN (N=70)	56 (80%)	9 (13%)	5 (7%)
ADN (N=79)	74 (94%)	3 (4%)	2 (2%)
TOTAL 149	130 (87%)	12 (8%)	7 (5%)

The majority of the participants (87%) expressed willingness to promote articulation efforts. This included 80% of the BSN group and 94% of the ADN group. While a larger percentage of support came from ADN faculty, it is evident that when asked directly, many more faculty from both programs would be willing to support than not support articulation efforts.

The reasons given for the positions taken were then sorted into the categories previously described. These categories are shown in Table 16, along with the number of responses within each group supportive or not supportive of articulation efforts. Only 13 participants (9 BSN and 4 ADN) failed to give reasons for the position taken.

Far fewer reasons (N=20, 9%) were presented for being unwilling to support articulation efforts than were presented for being willing to do so (N=206, 91%). Examples of willingness to support articulation were presented with the definitions of categories. Examples of unwillingness to support articulation follow:

I believe one entry level into the profession should be our goal and feel [that] level should be the BSN degree. (Philosophical category, BSN)

The AD program is terminal. (Philosophical category, ADN)

Additional responses for unwillingness to support articulation may be found in Appendix M.

TABLE 16

Reasons Given by BSN and ADN Faculty for Willingness or Unwillingness to Support
Articulation Efforts Within the System of Higher Education
In Massachusetts

Reasons	Willing to Support		Unwilling to Support	
	BSN	ADN	BSN	ADN
1. Benefit to Students	17	40	2	0
2. Philosophical	31	25	9	3
3. Unity and Benfit to the Profession	8	14	0	0
4. Overall Planning	8	13	1	1
5. Societal	10	9	1	0
6. Pragmatic	10	5	1	0
7. Economic	5	4	0	0
8. Miscellaneous	6	1	2	0
TOTAL	95 (42%)	111 (49%)	16 (7%)	4 (2%)

The ADN group presented more reasons for being willing to support articulation than did the BSN group in the following categories: 1) Benefit to Students; 3) Unity and Benefit to the Profession; and 4) Overall Planning. The BSN group, interestingly, presented more reasons in the Philosophical category for supporting articulation efforts than did the ADN group.

In order to examine the data from another perspective, the findings shown in Table 15 concerning willingness or unwillingness to support articulation efforts were compared with the findings shown in Table 5 which compared BSN and ADN faculty perceptions of compatibility and incompatibility of the two levels of programs. Table 17 presents this comparison.

Table 17

Comparison of Data from Table 5 with Data from Table 15

Group	Compatibility	Willing to Support	Incompatibility	Unwilling to Support
BSN	60 (87%)	56 (80%)	9 (13%)	9 (13%)
ADN	<u>76</u> (97%)	<u>74</u> (94%)	<u>2</u> (3%)	<u>3</u> (4%)
TOTAL	136 (93%)	130 (87%)	11 (7%)	12 (8%)

Approximately the same number and percentage of participants in each faculty group found the two levels of programs compatible (either through overlap or common core)

as were willing to support articulation efforts. The same was true in the comparison between incompatibility and unwilling to support.

Summary. It is evident that most BSN and ADN faculty as represented in this study are willing to support articulation efforts within the system of higher education in Massachusetts. Each group presented reasons for moving in this direction which ranged from benefit to students to pragmatic and economic aspects. Furthermore, willingness to promote articulation parallels the perception of programs as compatible when both overlap and common core approaches are considered.

Demographic Data. Variables on which demographic data for the study were collected were as follows: 1) Type of Program in Which Presently Employed; 2) Age; 3) Basic Preparation for Licensure; 4) Highest Degree Attained; 5) Years in Which Highest Degree was Received; 6) Presently Working Toward a Higher Degree; 7) Years in Teaching Nursing; 8) Type of Students Taught Since September 1977; and 9) Number of Deans or Directors Participating. A summary of responses is presented in Table 18.

Findings. Sixty-six (47%) of the respondents were employed in BSN programs, and seventy-three (53%) in ADN programs. Ages ranged from 29 to 65 across both groups, with comparable mean ages in the mid-forties. Over half of

TABLE 18
Demographic Data for Faculty

1. Type of Program in Which Presently Employed

BSN 66 (47%)
ADN 73 (53%)

2. Age

	<u>Number</u>	<u>Mean</u>	<u>Range</u>
BSN	63	44	29-65
ADN	69	46	34-64

3. Basic Preparation for Licensure

	<u>Diploma</u>	<u>ADN</u>	<u>BSN</u>	<u>Masters</u>
BSN	36 (55%)	1 (1.5%)	27 (42%)	1 (1.5%)
ADN	38 (52%)	8 (11%)	26 (36%)	1 (1%)

4. Highest Degree Attained

	<u>ADN</u>	<u>BSN</u>	<u>MSN</u>	<u>M.Ed.</u>	<u>Ph.D.</u>	<u>Ed.D.</u>	<u>D.P.H.</u>	<u>Other</u>
BSN	0	0	46 (70%)	1 (1.5%)	6 (7%)	9 (14%)	1 (1.5%)	4 (6%)
ADN	0	4 (6%)	46 (63%)	17 (23%)	0	3 (4%)	0	3 (4%)

5. Year in Which Highest Degree was Received

	<u>Mean</u>	<u>Mode</u>	<u>Range</u>
BSN	1973	1977	1958-1982
ADN	1970	1975	1949-1982

6. Presently Working Toward a Higher Degree

	<u>Yes:</u>	<u>Baccalaureate</u>	<u>Master's</u>	<u>Doctorate</u>
BSN	0		0	24 (37%)
ADN	0		4 (6%)	21 (30%)

7. Years in Teaching Nursing

		<u>Diploma Program</u>	<u>ADN Program</u>	<u>BSN Program</u>	<u>MSN Program</u>	<u>Doctoral Program</u>
BSN:	Mean	5	3	9	6	5
	Range	1-14	1-8	1-28	1-16	2-6
No. of Faculty		31	14	65	7	4
ADN:	Mean	6	8	5	2	0
	Range	1-15	1-21	1-11	1-5	0
No. of Faculty		38	73	22	4	0

8. Type of Students Taught Since September 1977

	<u>Generic Only</u>	<u>RN Only</u>	<u>Both</u>
BSN	15 (23%)	2 (3%)	48 (64%)
ADN	65 (92%)	1 (1%)	5 (7%)

9. Number of Deans or Directors Participating

BSN - 5
ADN - 11

each group received their basic preparation for licensure at the diploma level; basic preparation at the baccalaureate level was next: 42% for the BSN group and 36% for the ADN group. The numbers of faculty prepared at the diploma, baccalaureate, and master's levels were similar; however, eight ADN faculty, compared with 1 BSN faculty member were prepared at the associate degree level; i.e., 11% of the AD educators, compared with 1.5% of the BSN educators, were initially prepared at the ADN level.

An equal number of BSN and ADN faculty held MSN degrees (46 for each) as the highest degree attained. This number represented 70% of BSN faculty and 63% of ADN faculty. One (1.5%) BSN faculty member held a M.Ed. as the highest degree, compared with 17 (23%) of the ADN group. No BSN faculty member, as compared with 4 (6%) ADN faculty member held a BSN as the highest degree attained. Fifteen (22.5%) BSN faculty held doctorates [5 (7%) Ph.D.; 9 (14%) Ed.D; and 1 (1.5%) D.P.H.] compared with three (4%) ADN faculty who held doctorates in education (Ed.D.); i.e., five times as many BSN faculty as ADN faculty held a doctorate as the highest degree attained. Four (6%) BSN faculty and 3(4%) ADN faculty held degrees listed as "other" on the questionnaire.*

*Degrees listed as "other" included the following:

<u>BSN Faculty</u>	<u>ADN Faculty</u>
2 - Certificates of Advanced Study (CAGS and CAES)	1 - Master of Science
2 - MA in Sociology; MA in Guidance and Psychology	1 - MS in Nursing Education
	1 - BS in Nursing Education

The year in which the highest degree was received ranged from 1958 to 1982 for the BSN group, while the range for the ADN group was nine years greater; i.e., from 1949-1982. Both the mean year (1973) and the mode year (1977) were more recent for BSN faculty than were the mean year (1970) and the mode year (1975) for ADN faculty. Twenty-four (37%) of the BSN and twenty-one (30%) of ADN respondents are presently working toward a doctorate. The data appear to indicate that the four ADN faculty whose highest degree attained was the BSN are presently working toward a master's degree. It is interesting to note that with 37% of BSN faculty working toward a doctorate and 22.5% already holding that degree, almost 60% of BSN faculty are building a knowledge base at the doctoral level. Comparing this with the ADN group, 30% are working toward a doctorate, and 4% presently hold that degree, for a total of 34% with advanced educational preparation.

Findings for numbers of faculty and years of teaching experience in diploma education were similar for both groups (BSN N = 31, Mean Years = 5; ADN N = 38, Mean Years = 6). Fourteen BSN faculty reported that they had taught in associate degree education. Almost twice as many BS faculty (7) as AD faculty (4) had taught in master's degree programs; no ADN faculty, compared with 4 BSN faculty had taught in doctoral programs.

Forty-eight (74%) BSN faculty had taught both generic and RN students since 1977, compared with 15 (23%) faculty who had taught only generic students and 2 (3%) who had taught only RN students. As ADN programs do not usually have an RN component, it is not surprising that 65 (92%) of the ADN respondents had taught generic students only; 1 (1%) had taught RNs only and 5 (7%) had taught both types of students. Five BSN program deans or directors and 11 ADN program directors participated in the study.

Summary and Implications. Six variables may have had some bearing on the findings of this study.

Basic preparation for licensure for over half of each faculty group, BSN and ADN, was at the diploma or associate degree level [BSN: N = 37 (56.5%); ADN: N = 46 (63%)]. Teaching experience for 31 BSN and 38 ADN faculty members was at the diploma level, while 14 BSN faculty and 73 ADN faculty had taught at the associate degree level. Knowledge based on experience, and possibly some degree of allegiance to these lower levels of nursing education, may help to explain why 80% of the BSN group and 94% of the ADN group were willing to support articulation efforts. The data further suggest that as only 1 (1.5%) BSN faculty member was prepared for licensure at the ADN level, and only 14 of the 66 BSN respondees reported having taught in associate degree education, there has been little first-hand BSN

faculty experience with ADN programs. Unfamiliarity with ADN education may be one reason for the extent of undecided BSN responses.

The national trend toward doctoral preparation for BSN faculty may be reflected in the fact that 15 (22.5%) of BSN respondees have attained doctoral degrees, while 24 (37%) are presently working toward that goal. In addition, at least half of those BSN faculty presently holding a doctorate received it within recent years (since 1977). Therefore, as almost 60% of BSN faculty have a knowledge base at this advanced level, compared with 34% for ADN faculty, it is surprising and difficult to understand that the stance of BSN directors was undecided, and the BSN faculty group was in disagreement with the statement that, "Faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs." Perhaps the antieducation attitude of the nursing profession (Reinkemeyer, 1967) and the subordinate status and image of nursing (Kalish and Kalish, 1984) may be reflected here. In any event, these findings are puzzling and should be further examined.

Finally, many more BSN faculty (74%) had taught both generic and RN students than had taught either group alone. Knowledge thus gained of the capabilities of both groups of students may have related to the fact that 87% of the BSN

faculty saw the two levels as compatible and 80% of BSN faculty members directly expressed their willingness to support articulation.

Summary of Results

In order to determine faculty perceptions of articulation between public two- and four-year collegiate nursing programs in Massachusetts, four objectives for investigation were established. The second section of Chapter IV presented the analysis of the data gathered for each objective. Data were obtained by a statewide survey of BSN and ADN faculty in the public sector of higher education across the state. A summary of results was presented objective by objective. Demographic data were collected, analyzed in relation to the findings for the objectives, and summarized. Chapter V will further summarize the findings of this study.

C H A P T E R V

SUMMARY AND CONCLUSIONS

This chapter briefly reviews the problem investigated and the procedures used. It also includes a summary of the research findings, as well as implications, conclusions, and recommendations which have emerged from the study.

Overview of the Problem Investigated and Procedures Used

The purpose of the study was to examine the perceptions of nursing faculty in the Massachusetts system of public higher education concerning articulation between the associate degree (ADN) and baccalaureate (BSN) levels of nursing education. Specifically, the objectives were to determine faculty perceptions of:

1. compatibility/incompatibility of the two levels;
2. pressures against and for articulation;
3. strategies to encourage or discourage articulation;
4. participant's willingness to promote articulation.

More generally, the study was designed to answer the question as to why articulation between ADN and BSN programs is so slow to take place in Massachusetts.

The study consisted of two parts. The first part

involved interviews with a selected sample of nursing faculty from a public community college and a public university in Massachusetts. Based upon data from these interviews, a questionnaire was developed to assess the perceptions of nursing faculty in community colleges and public four-year colleges and universities within the state. The second part of the study involved the distribution of the questionnaire and the analysis of the responses. Of the 179 questionnaires distributed, 149 (83%) were completed and returned.

Major Findings and Implications

1. Ninety-three percent of the respondents across the Commonwealth perceived the two levels of programs as compatible, either because of a common core of knowledge and skills or because the two levels of programs contain overlapping content as well as elements unique to each. When the two faculty groups, BSN and ADN, were examined separately, the BSN group was almost evenly divided between the two categories of compatibility; i.e., 45% saw the program as compatible because of common core and 42% saw them as compatible because of overlap. By contrast, 78% of the ADN group perceived the programs as compatible because of common core and 19% saw them as compatible because of overlap (Table 5). While each category implies

a difference in curriculum design and transfer of credit from one level to another, together they could well provide a starting point for full discussion of curricular concerns and a promising avenue for moving toward the goal of planned articulation based upon the identification of those areas of mutual agreement inherent in common core or overlapping content.

2. Eighty-seven percent of respondents expressed willingness to promote articulation efforts for reasons that included benefit to students, philosophical beliefs, and unity and benefit to the profession (Tables 15 and 16). While a larger percentage of support came from the ADN faculty (94% versus 80% for the BSN group), many more faculty from both programs would be willing to support than not support articulation efforts. These findings, considered with those concerned with compatibility, suggested that a strong base exists for opening faculty discussions on planned articulation.

3. Baccalaureate and associate degree faculty were not significantly different in their responses to eight of the sixteen Likert items suggesting pressure against articulation (Tables 6, 7, and 8). Philosophical beliefs, lack of a clear definition of nursing, and the need to protect program territoriality were perceived as forces against articulation by both groups. Where the BSN and ADN

faculty groups were significantly different, the results showed differences regarding the achievement of professionalism, perception of the knowledge base of the two faculty groups and the difficulty involved with articulation because of the differences amongst ADN programs.

Baccalaureate faculty and baccalaureate administrators were significantly different on only one item suggesting pressure against articulation (11, Table 6A, Appendix L), this being the statement that, "Faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs." The BSN faculty group disagreed with this statement while the BSN administrators were undecided. This finding was confusing in light of the recent national trend toward doctoral preparation for BSN faculty members, and the greater number of doctorates amongst the BSN sample in this study.

4. Baccalaureate and associate degree faculty were not significantly different in their responses to two of the nine items that suggested pressures for articulation (Tables 9 and 10). Social forces were perceived by both groups as pressures for articulation. Both groups also felt that commitment was necessary if planned articulation is to be accomplished, implying that if more broad-based commitment can be obtained within the state, faculty will then work toward achieving this goal.

On the seven items where the BSN and ADN faculty were significantly different, the results showed differences in perception regarding demographic and political forces and personal incentives and beliefs about the profession.

Associate degree faculty and associate degree administrators were significantly different on two items concerning pressures for articulation. On the first item (25, Table 7B, Appendix L), the administrative group agreed, whereas the faculty group was undecided on whether the Massachusetts Board of Regents of Higher Education would eventually mandate articulation, implying optimism on the part of the directors that the Board would eventually take action on the issue. The second item (24, Table 7B, Appendix L) involved a career ladder approach to professional nursing education, where expressed support was stronger from ADN faculty than from ADN administrators.

Baccalaureate faculty and baccalaureate administrators were significantly different on only one item, this being the suggestion that rewards, such as released time and/or pay for time required outside of the academic year, will motivate faculty members to work on articulation (Item 23, Table 7A, Appendix L). The fact that the faculty group was undecided, whereas the administrative group disagreed, implies a difference in perception regarding the usefulness of supplemental resources for facilitating articulation.

5. The baccalaureate and associate degree faculty groups were not significantly different in their responses to five of the eleven suggested strategies to encourage articulation, agreeing primarily that both levels of educators have to evaluate and adjust their curricula to achieve this goal (Tables 11, 12, and 13). These data suggest that cooperative planning between the two levels is an important strategy.

Where BSN and ADN faculty were significantly different, the results showed differences regarding career ladder types of curricular adjustments, leadership to facilitate articulation, transfer requirements, and mandate from the Board of Regents. While faculty from both levels of programs appeared willing to work through existing barriers, neither group reported desiring to do so by mandate.

6. The BSN and ADN faculty groups differed significantly on all three strategies to discourage articulation (Table 14). These strategies focused on the baccalaureate degree as the entry level for professional nursing and defined the philosophical differences between the BSN and ADN groups even more sharply than did the items examining pressures against articulation (Table 6). That is to say, instead of addressing broad philosophical differences, the items concerned with strategies to discourage articulation spelled out specific actions to be undertaken. The greatest

difference between the two groups, where the BSN group strongly agreed, and the ADN group disagreed, involved one of the most hotly contested issues in the Commonwealth today. The item stated that, "The best strategy for reducing the confusion in nursing education is to work for one entry level into the profession, and that level should be the BSN degree." These data seem to reflect the present activity within the state whereby leaders in the Massachusetts Nurses' Association are drafting legislation toward making the baccalaureate degree a requirement for entry into professional nursing. This proposed legislation states that only BSN graduates may sit for RN licensure examinations, leaving ADN graduates to be licensed as practical nurses, thereby taking away a credential that ADN graduates have had since the inception of ADN programs.

7. Overall, the ADN faculty expressed stronger opinions of either agreement or disagreement than did the BSN faculty on pressures and strategies for and against articulation. The BSN faculty response means were much closer to "undecided" on the majority of items. Exceptions for the BSN faculty, where they as a group did express strong opinions, were as follows.

For pressures against articulation, the BSN group strongly disagreed that socialization of ADN graduates into baccalaureate nursing is impossible, that ADN RNs who

graduated more than five years ago will not learn to conceptualize professional nursing, that ADN education should be preparation for professional nursing education only for those students who do not have access to four-year programs, and that there is a direct relationship between the intellectual level of the student and the level of program the student elects to enter. The BSN group strongly agreed that lack of a clear definition of nursing at the ADN and BSN levels is a major pressure against articulation. (The group expressed no strong opinions, either agreeing or disagreeing, on pressures for articulation.)

The BSN group strongly disagreed with the strategies to encourage articulation which stated that graduation from an ADN program, plus RN licensure should be a requirement for entrance into BSN programs, and that articulation should be by mandate from the Massachusetts Board of Regents. (The group did not strongly agree with any strategies to encourage articulation.) Finally, the BSN group strongly agreed with the strategy to discourage articulation that proposed one entry level (BSN) into professional nursing (and was undecided on the remaining two strategies).

8. Demographically, over half of each faculty group received their basic preparation for licensure and some years of teaching experience at the diploma or ADN levels

of education (Table 18). These faculty members may possibly maintain a degree of allegiance to these lower levels of nursing education. This may help to explain why over three-fourths of the participants were willing to support articulation.

9. Lack of first-hand experience with ADN programs on the part of more than three-fourths of BSN faculty members and, hence, unfamiliarity with ADN education, may have been one reason for the extent of undecided BSN responses.

10. Many more BSN faculty (74%) had taught both generic and RN students than had taught either group alone. Knowledge thus gained of the capabilities of both groups of students may account for the fact that 87% of the BSN faculty saw the two levels of programs as compatible (either because of common core or overlapping content), and 80% directly expressed their willingness to promote articulation.

Conclusions and Recommendations

The results of the study led to the following conclusions and recommendations to facilitate planned articulation of nursing education in Massachusetts.

1. Less overtly expressed resistance to articulation was found than could have been predicted, given the slow

movement in the state toward planned articulation.

Resistance seemed to focus on a limited, but critical, set of issues, the most important being philosophical differences concerning entry into professional practice, an issue around which conflict continues to center.

Nevertheless, only a small percentage of faculty members saw articulation as out of the question. The base seems to exist for a concerted, organized, and probably regional effort to institute articulation. The strong support from ADN faculty provides one viable lobbying and educational force to facilitate this effort. Baccalaureate faculty indecision suggests that face-to-face meetings between ADN and BSN faculty in geographical clusters within the Commonwealth could facilitate greater understanding of associate degree education and similarities and differences between the levels of programs. Such sharing of information could result in more broad based support for planned articulation.

2. Neither the BSN nor ADN faculty group desired articulation by mandate from the Massachusetts Board of Regents of Higher Education. However, geographical clusters could be established voluntarily, possibly organized and supported by local Area Health Education Centers (AHECs) with direction from the Statewide AHEC. Forerunners of such a model have already been developed in western and

southeastern Massachusetts. These are briefly described as follows.

Between 1980 and 1982 the University of Massachusetts at Amherst and the most westerly of the community colleges, with financial support from the Berkshire AHEC, established a Cooperative Pilot Project in which an integrated curriculum model was developed. The model was then extended to meet the needs of the other three community colleges in Western Massachusetts. This work decreased the numbers of challenge examinations for ADN graduated from six to one, granted twenty credits in nursing for passing the examination, established a revised "bridge" course that more closely met the needs of ADN graduates, and allowed RN generic students to enroll together in senior level nursing courses.

An articulation Task Force was organized in 1983 by the Southeastern Massachusetts AHEC and continued its work under AHEC sponsorship into the summer of 1984. The Task Force was composed of faculty representatives from Southeastern Massachusetts University and three community colleges in that area. Two curriculum models were developed, one having an integrated design and the other, a two-track plan in which nursing courses were specifically designed for RNs only or generic students only. Terminal program objectives were the same for both RN and generic students.

It is now the prerogative of the University to select which, if any, model it ". . . deems best suited to its own unique situation, . . ." and to implement the proposal as a pilot project, if the faculty so choose (Final Report of the Articulation Task Force of Southeastern Massachusetts, Note 6).

These models are positive beginnings for state-wide articulation and could be used to develop clusters of programs in other regions of Massachusetts.

3. Sponsorship and funding of specified programs to accomplish the curriculum work and develop models specific to regional clusters of colleges would appear from this study to move nursing closer to articulated programs than would a mandate from the Board of Regents. Seed money through special project grants could be sought for appointing an RN program coordinator at the four-year institutions and for the development of pilot projects within each cluster of two- and four-year programs.

4. Despite the forces favoring planned articulation, it seems clear that other current issues within the profession stand in the way of cooperative planning efforts. Philosophical differences, especially those concerned with entry into practice and licensure for the different levels of nursing, lack of a clear definition of nursing at the BSN and ADN levels of education, and the need to protect

program territoriality seem to preclude movement toward articulation in some areas of the state. By meeting in regional clusters dialogue could be developed, communication improved, misunderstanding reduced, and the possibility improved for moving toward planned articulation.

5. Both faculty groups agreed that commitment is necessary if articulation is to be accomplished. This seems to be true especially for nurse administrators who are in leadership positions. If incentives for BSN programs in particular are provided in the form of increased faculty positions and other support services as needed, commitment may be easier to obtain.

6. Although this author and many of the participants of this study favor planned articulation, other alternatives for facilitating the education of nurses beyond the associate degree are being pursued by others in the field (e.g., challenge examinations and "bridge" courses for nursing credits, and transfer credit for general education courses). From this study, BSN faculty may be more open to those alternatives than ADN faculty. Associate degree faculty expression of support for articulation is most likely related to the desire to maintain RN licensure for their graduates, while concurrently preparing graduates for the next educational level.

Future Research

Results of the study led to the following recommendations for further research.

1. A study of faculty perceptions is needed that focuses on the elements in ADN and BSN curricula that constitute common core content and those elements perceived as unique to each type of program. Such distinctions would help to define nursing at the two educational levels.

2. The baccalaureate administrative group disagreed, while the BSN faculty group was undecided, that rewards, such as released time and/or pay for time required outside of the academic year would motivate faculty to work toward articulation. More refined data from the BSN group in particular on the general topic of articulation, and rewards and other incentives as motivators, could help to clarify this issue.

3. In light of the national trend toward doctoral preparation for BSN faculty, it was surprising and difficult to understand that the stance of BSN directors was undecided, and that the BSN faculty group and the ADN administrators and ADN faculty group were in disagreement with the statement that, "Faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs." Current perceptions of faculty in relation to national

trends, to the value of higher education and to their own self-image need to be examined and conclusions drawn as to where the profession stands in respect to these areas.

4. The number of "undecided" BSN responses (24 of 39 Likert items, or 62%) indicated a need to further explore articulation issues within both the BSN and ADN faculty groups.

Indecisive responses may have happened for a variety of reasons, such as:

- a growing concern that an associate degree does not provide a sufficient base for complex practice areas, a concern that is being expressed about baccalaureate preparation also;
- the increasing need for autonomy and accountability in practice; e.g., primary nursing and new models of practice in community settings;
- the ambiguous nature of the two nursing roles, professional and associate, not yet fully described nor agreed upon.

Or could it be that BSN faculty are more aware of multiple issues or that they have different goals, or that even the essential components of baccalaureate education remain unresolved? The American Association of Colleges of Nursing has recently received a grant to study the essential knowledge, practice competencies, and values that

comprise the general and professional education of the professional nurse. One of the goals is consensus building. Recognizing the importance of this task may be one reason BSN faculty, in particular, are undecided about issues concerned with articulation.

Final Conclusions

Overall, the study was successful in surfacing public sector ADN and BSN faculty expressed opinions regarding articulation. These data fill a gap in the research literature as little is available on faculty attitudes concerning this subject. These data were also more favorable toward articulation than expected, suggesting articulation may be more possible than previously thought. Finally, the data provide a foundation for developing an educational process and action steps to enhance progress toward articulation as one option for facilitating the educational growth of the nursing field.

FOOTNOTES

1. Phyllis Lord. A Case Study: perceptions of four collegiate faculty members concerning articulation between two- and four-year programs in nursing. An unpublished paper written in partial fulfillment for the course designated as Educ P 861, Case Studies in Educational Administration, at the University of Massachusetts, Amherst, Fall, 1980. (Available from 57 Alba Avenue, Pittsfield, MA 01201.)
2. Phyllis Lord. To test the conclusion of the implication the researcher called ANA headquarters in Kansas City, Missouri on October 28, 1982 and asked to speak with the staff person most knowledgeable about the 1978 Resolutions on Entry into Practice.

In answer to the question "Does the third resolution imply that ADN graduates will be licensed as LPNs and only BSN graduates will be licensed as RNs?" there was confusion, hesitation, and then the answer, "I'm not sure." The staff person went on to say that the Commission has been working on clarification of the Entry Level Resolutions and that there was continuing discussion by the Commission. She volunteered to send the latest information she had available.

3. Geneieve Monaghan. In 1981 there were 2646 students who graduated from professional nursing programs (as opposed to practical nurse (programs) in Massachusetts. Thirty nine percent (1034) were from ADN programs; 32 percent (852) were from BSN programs; and 29% (760) were from diploma programs. (Information obtained from telephone call to Board of Registration in Nursing, October 26, 1982.)
4. Frances Taira. Noted in a discussion of the study during a telephone conversation on August 2, 1982 ("A Comparison of the Perceptions of Community College and Baccalaureate Nursing Faculty Relative to Articulation in Nursing Education." Abstract presented at the Seventh Annual Participative Research Day, March 20, 1982 sponsored by Sigma Theta Tau at the University of Massachusetts, Amherst.)

5. Phyllis Lord. (Items for the study were originally developed for the case study referred to in Note 1.) - Patton (1980) was used as a guide in this effort. This original instrument was used to interview two nursing instructors from a state university and two from a community college within Massachusetts. These four interviews served as a pilot for the larger study presented here.
6. Final Report of the Articulation Task Force of South-eastern Massachusetts, published June 1984 and distributed through the office of the Massachusetts Board of Regents of Higher Education, Room 619, McCormack Building, One Ashburton Place, Boston, MA 02108-1530, October 12, 1984.

BIBLIOGRAPHY

BIBLIOGRAPHY

A D News, January 1979, 3(20).

Allen, V.O. and Sutton, C. Associate degree nursing education: past, present, and future. Nursing and Health Care, 1981, 11, (9), 496-497.

American Nurses' Association. Fact sheet on registered nurses. Prepared by ANA, Washington Office, 1980.

American Nurses' Association's first position on education for nursing. American Journal of Nursing, 1965, 65 (12), 106-111.

American Nurses' Association Commission on Nursing Education. A case for baccalaureate preparation in nursing. Kansas City: The Association, Publication No. NE-6, 15M, 12/79.

Bensman, P. Have we lost sight of the A.D. philosophy? Nursing outlook, 1977, 25 (8), 511-513.

Bullough, B. The associate degree: beginning or end? Nursing Outlook, 1979, 26 (5), 324-328.

Bullough, B. You can't get there from here: articulation in nursing education. The Journal of Nursing Education, 1972, 11 (4), 4-10.

Bullough, V. and Bullough, B. The care of the sick: the emergence of modern nursing. New York: Prodist, 1978.

Carnegie Commission on Higher Education. The more effective use of resources. New York: McGraw-Hill, 1972.

Carnegie Commission on Higher Education. The purposes and the performance of higher education in the United States. New York: McGraw-Hill, 1973.

Channing, R.M. Associate degree nursing--problem or solution? New York: National League for Nursing, Publication No. 23-1789, 1979.

Chapoorian, T. and Craig, M. Status report on nursing in Massachusetts, 1979. Boston: Massachusetts Nurses Association, August, 1979.

- Cleveland, T.L. The intercollegiate center for nursing education. Nursing Outlook, 1977, 10, 653-657.
- Cobin, J., Traber, W., and Bullough, B. A five-level articulated program. Nursing Outlook, 1976, 24 (5), 398-312.
- Dolan, J.A. Nursing in society--a historical perspective Philadelphia: W.B. Saunders, 1978.
- Drage, M.O. Core courses and a career ladder. American Journal of Nursing, 1971, 76 (7), 1356-1358.
- Dustan, L.C. Needed: articulation between nursing education programs and institutions of higher learning. Nursing Outlook, 1970, 18 (12), 34-37.
- Dwyer, W.G., Dennis, L., Wood, R. Joint statement by the president of the Massachusetts Board of Regional Community Colleges, the provost and director of the Massachusetts state college system, and the president of the University of Massachusetts. October 29, 1972.
- Ehrat, K.A. Educational/career mobility: antecedent of change. Nursing and Health Care, 1981, 11 (9), 487-490, 507-508, 527.
- Fagin, C., McClure, M. and Schlotfeldt, R. Can we bring order out of chaos of nursing education? American Journal of Nursing, 1976, 76 (1), 98-107.
- Fasce, M.P., et al. An analysis of Rn challenge examinations using course objectives from a baccalaureate and a associate degree nursing program. (Unpublished report submitted to the Division of Nursing at Berkshire Community College, the Division of Nursing at the University of Massachusetts, and to the Statewide and Berkshire Area Health Education Centers), 1980.
- Ferrell, M.J. Minimum behavioral expectations of new graduates from New Mexico schools of nursing. University of Albuquerque: New Mexico SNAP Project: System for a Nursing Articulation Program, October, 1979.
- Fordyce, J.W. Community junior college-university relationships: perspectives from a community junior college president's office. Community Junior Colleges and Universities: Partners in Higher Education, Frederick C. Kintzer (ed). Los Angeles: University of California, 1973.

Goals of the National League for Nursing, 1979-1981.
New York: The League, May 1979.

Gospodarski, P.N. Perceptions of baccalaureate nurse faculty towards educational mobility for registered nurses (Doctoral dissertation, Auburn University, 1980). Abstract available from 4443 Ocean Drive, No. 103, Corpus Christi, Texas, 78412 (by permission).

Gray, J., et al. Do graduates of technical and professional nursing programs differ in practice? Nursing Research, 1977, 26 (5), 368-373.

Hasse, P.T. Pathways to practice--statewide planning for nursing. Southern Regional Education Board Monograph No. 5, 1982.

Hodgkinson, H.L. Institutions in transition. New York: McGraw Hill, 1971.

Institute of Medicine. Nursing and nursing education: public policies and private actions. Washington, D.C.: National Academy Press, 1983.

Kalish, P.A. and Kalish, B.J. The advance of American nursing. Boston: Little, Brown and Co., 1978.

Kalish, P.A. and Kalish, B.J. The Dionne quintuplets legacy: establishing the "good doctor and his loyal nurse" image in American culture. Nursing and Health Care, 1984, 5 (5), 242-251.

Kinsinger, R.E. Where in health are community colleges? Community and Junior College Journal, 1979, 5, 15-21.

Kentucky health sciences education, part five: nursing, phase 1 report. Frankfort: Council on Public Higher Education, Commonwealth of Kentucky, September, 1975.

Kintgen-Andrews, J. The development and demonstration of an articulation model. Nursing and Health care, 1982, 3, (4), 181-188.

Kintzer, F.C. Middleman in higher education. San Francisco: Jossey-Bass, 1973.

Kintzer, F.C. (Ed.). Community junior colleges and Universities: partners in higher education. Los Angeles: University of California, 1973.

- Lenburg, C. and Johnson, W. Career mobility through nursing education. Nursing Outlook, 1974, 22 (4), 265-269.
- Lippitt, G. and Lippett, R. The consulting process in action. La Jolla, California: University Associates, Inc., 1978.
- Little, M. and Brian, S. The challengers, interactors and mainstreamers: second step education and nursing roles. Nursing Research, 1982, 31 (4), 239-245.
- Lysaught, J.P. Action in nursing: progress in professional purpose. New York: McGraw Hill Book Co., 1974.
- Lysaught, J.P. Action in affirmation: toward an unambiguous profession of nursing. New York: McGraw-Hill Book Co., 1981.
- Lysaught, J.P. (Ed.). Action in professional purpose. New York: McGraw Hill Book Co., 1974.
- Massachusetts Nurses Association. Recommendations-- Approved by MNA Board of Directors, from the Committee on Planning for Nursing in Massachusetts, 1980.
- Micheltmore, E. Distinguishing between AD and BS education. Nursing Outlook, 1977, 25 (8), 506-510.
- Mobley, N.K. Nurse-faculty perceptions of the system of nursing education in relation to articulation, career ladders, and the open curriculum in nursing. (Doctoral dissertation, University of Alabama, 1971). Dissertation Abstracts International, V32 (09), Sec. B., p. 5273.
- Montag, M.L. Looking back: associate degree education in perspective. Nursing Outlook, 1980, 28, (4), 248-250.
- Montag, M.L. Community college education for nursing. New York: McGraw-Hill Book Co., 1959.
- Moving up the career ladder. W.K. Kellogg Foundation Profiles, Summer 1979, 2 (3), 15-18.
- National Commission for the Study of Nursing and Nursing Education. An abstract for action. New York: McGraw-Hill Book Co., 1970.

National Commission for the Study of Nursing and Nursing Education. From abstract into action. New York McGraw-Hill Book Co., 1973.

National Commission on Nursing. Initial report and preliminary recommendations. Chicago: The Hospital Research and Educational Trust, Trust catalog number: 65 4100, 1981.

National League for Nursing. Position statement on educational mobility. New York: A statement approved by the Board of Directors of the League, February, 1982.

National League for Nursing. Facts about associate degree nursing. Council of Associate Degree Programs, 1980.

National League for Nursing. The open curriculum in nursing education. New York: A statement approved by the Board of Directors of the League, February, 1970.

National Task Force in Education for Nursing Practice. Education for nursing practice in the context of the 1980s. Kansas City, Missouri: American Nurses' Association, NE-11 5M 4/83, 1983.

NECHEN News. Report on conference on regional action for nursing in New England, October 25, 1979. Wenham, Massachusetts: New England Board of Higher Education, January 1980, No. 35.

Notter, L.E. and Robey, M.C. Open curriculum practices. Nursing Outlook, 1979, 27 (2), 116-121.

News. American Journal of Nursing, 1982, 82 (6), 901.

Nursing education: current trends and future directions. Boston: Massachusetts Board of Regents of Higher Education, June, 1984.

Patton, M.Q. Qualitative evaluation methods. Beverly Hills: Sage Publications, Inc., 1980.

Platform 1979-1980. Massachusetts Nurse, 48 (October 1979), 2.

Position paper: educational mobility for registered nurses. Charlestown: Massachusetts/Rhode Island League for Nursing, Council of Associate Degree Nursing Programs, Spring, 1982.

- Reinkemeyer, A.M. Nursing's need: commitment to an ideology of change. Nursing Forum, 1970, 9 (4), 340-355.
- Reinkemeyer, Sister Mary Hubert. An inherited pathology. Nursing Outlook, 1967, 15 (11), 51-53.
- Rines, A.R. Associate degree education: history, development, and rationale. Nursing Outlook, 1977, 25 (8), 496-501.
- Schoemaker, A. An articulated nursing program: five years later. Nursing Outlook, 1975, 23 (2), 110-113.
- Smith, R.A. Proposed policy directions for nursing education based upon areas of agreement among administrators from the four types of preparatory programs for nursing. (Doctoral dissertation University of Connecticut, 1980). Available from University of Connecticut Library.
- Sorensen, G. Sounding board. . . in support of the generic baccalaureate degree program. Nursing Outlook, 1976, 24 (6), 384-385.
- SREB's nursing curriculum project: summary and recommendations. Atlanta: Southern Regional Education Board, 1976.
- Stevens, B. Program articulation: what it is and what it is not. Nursing Outlook, 1981, 29 (12), 700-706.
- Styles, M. and Wilson, H.S. The third resolution. Nursing Outlook, 1979, 27 (1), 44-47.
- Taira, F. A comparison of the perceptions of community college and baccalaureate nursing faculty relative to articulation in nursing education. (Doctoral dissertation, Loyola University). Abstract available from 404 Atwater Ave., Elmhurst, Illinois, 60126 (by permission).
- The Associate Degree Nurse: technical or professional? New York: National League for Nursing, Publ. No. 23, 1946, 1984.
- Wood, L. Proposal: A career plan for nursing. American Journal of Nursing, 1973, 73 (5), 832-835.

Wu, R. Granting credit for previous learning. Nursing Outlook, 1978, 26 (11), 707-112.

You can get there from here: the Orange County/Long Beach experiment in improved patterns of nursing education. W.K. Kellogg Foundation, 1979.

Young, C.E. Community junior college-university relationships: perspectives from a university chancellor's office. Community junior colleges and universities: partners in higher education, Kintzer, F.C., (ed.). Los Angeles: University of California, 1973.

APPENDICES

APPENDIX A
INTERVIEW GUIDE

Section One

1. You are presently teaching at what level?
 - a. associate degree _____
 - b. baccalaureate _____
2. Age range: 21 - 30 years _____
31 - 40 years _____
41 - 50 years _____
51 and over _____
3. Please tell me about your educational background. Basic preparation for RN licensure:
Diploma _____
ADN _____
BSN _____
Highest degree attained:
BSN _____ year awarded _____
MSN _____ year awarded _____
Masters in another discipline? (If so, in what?) _____
DNS _____ year awarded _____
Ph.D. _____ year awarded _____
Ed.D. _____ year awarded _____
Presently working toward a master's degree in _____; doctoral degree _____
4. Teaching experience:
 - a) Number of years taught in nursing in a
diploma program _____
associate degree program _____

(continued next page)

baccalaureate program _____

master's program _____

doctoral program _____

b) Presently teaching generic students only _____

Presently teaching RN students only _____

Presently teaching both generic and RN students _____

Presently not teaching, but on a special assignment _____

Please describe.

5. Professional work experience:

Number of years as a staff nurse? _____

Type of health care facility? _____

Number of years in administration? _____

Other _____

6. Other experiences that might have influenced your perceptions of articulation?

Please describe.

(continued on next page)

Section Two

"For purposes of the study, I am defining articulation as the process of bridging programs in such a way as to provide for the efficient, forward progress of graduates from the associate degree nursing level to the baccalaureate level of nursing. Implicit in this process is the organization of instruction into a harmonious whole."

1. "Please tell me what is your perception concerning articulation between the two- and four-year programs? In other words, do you feel that the two programs are compatible and that we can work out articulation between them, or do you feel that the programs are incompatible and should not be articulated?"
2. "What do you see as blocks, barriers, or inhibitors to articulation; i.e., what could keep articulation from working?"
3. "What do you see as supports, aids, or motivators for articulation; i.e., what factors will help it to work?"
4. "What do you perceive to be the most effective strategies, for whichever side is taken, to either encourage or discourage articulation efforts?"
5. "Would you be willing or unwilling to promote articulation efforts within the system of higher education in Massachusetts?"

APPENDIX B
INTERVIEW REQUEST LETTER


Berkshire Community College

West Street Pittsfield Massachusetts 01201
413 499-4660



October 26, 1981

Dear

As you know, the Cooperative Pilot Project between the University of Massachusetts/Amherst (UMA) and Berkshire Community College (BCC) has been in progress for about two years and seems to be coming to its conclusion this year. The Project, and my course work in the doctoral program in the School of Education at the University, have led me to want to study faculty perceptions of articulation between public two- and four-year collegiate nursing programs throughout the state.

The purpose of the study will be to ascertain faculty perceptions of articulation, defined as the process of bridging programs in such a way as to provide for the efficient, forward progress of graduates from the associate degree nursing level to the baccalaureate level, with the organization of instruction into a harmonious whole (implicit) included in the process.

The methodology will include two parts. The first part will involve interviews with nursing faculty from UMA and BCC. The second part will employ the data collected from the interviews to develop a questionnaire that will be used to assess perceptions concerning articulation of full-time nurse educators in the remaining public two- and four-year nursing programs in Massachusetts.

You have been included as one of those being asked to participate because you are a full-time faculty member and have had at least one year of teaching experience at the associate degree or the baccalaureate level. It is anticipated that five members from each institution will be randomly selected to be interviewed from those willing to participate. For those who are selected interviews will be scheduled at their convenience before the end of this semester, and will take about one-half hour. Each interview will be tape recorded for accuracy. Anonymity will be assured.

I hope that you will want to participate in this effort to bring to light feelings and attitudes concerning articulation between the two levels of nursing education in public higher education in Massachusetts. I will call you within the week asking your permission for including you in the pool of people from whom five will be selected.

Thank you for your consideration.

Sincerely,

Phyllis Y. Lord, Chairperson
Division of Nursing

PYL/sjd

APPENDIX C

SELECTION LETTER

NONSELECTION LETTER



Berkshire Community College

West Street Pittsfield, Massachusetts 01201
413 499-4660



November 25, 1981

Dear

Thank you for agreeing to be included in the pool of faculty members from whom five were randomly selected from each program (UWA and BCC) to participate in my dissertation study of faculty perceptions of articulation between public two- and four-year collegiate nursing programs in Massachusetts. It has been most gratifying to receive the support of my colleagues within this college and the University as I begin the first part of my data collection.

Your name was one of those selected, and I will call you within the week to schedule an interview time before the end of the semester. I very much appreciate your assistance.

Sincerely,

Phyllis Y. Lord, Chairperson
Division of Nursing

PYL/sjd

**Berkshire Community College**

West Street Pittsfield, Massachusetts 01201
413 499-4660



November 25, 1981

Dear

Thank you for agreeing to be included in the pool of faculty from whom five were randomly selected from each program (UHA and BCC) to participate in my dissertation study of faculty perceptions of articulation between public two- and four-year collegiate nursing programs in Massachusetts. It has been most gratifying to receive the support of my colleagues within this college and the University as I begin the first part of my data collection.

Your name was not one of those selected. However, I want you to know how very much I appreciate your offer of assistance.

Sincerely,

Phyllis Y. Lord, Chairperson
Division of Nursing

PYL/sjd

APPENDIX D

SURVEY INSTRUMENT
(For Pilot Test)

P I L O T T E S T

SURVEY OF

FACULTY PERCEPTIONS OF ARTICULATION

BETWEEN PUBLIC TWO- AND FOUR-YEAR COLLEGIATE

NURSING PROGRAMS IN MASSACHUSETTS

PART I

DIRECTIONS: Listed below are statements concerned with articulation. Each item is followed by five numbers indicating a scale on which 1 = strongly agree, 2 = agree, 3 = undecided, 4 = disagree, and 5 = strongly disagree. Please circle the number for each item that best indicates the extent to which you agree or disagree.

	Strongly Agree 1	Agree 2	Undecided 3	Disagree 4	Strongly Disagree 5
1. Associate degree in nursing (ADN) programs are technical and terminal and, therefore, are <u>not</u> compatible with bachelor of science in nursing (BSN) programs which are professional and provide the basis for graduate study.	1	2	3	4	5
2. There is some overlap between ADN and BSN programs, but each level has some elements that are unique to it.	1	2	3	4	5
3. ADN education can be conceptualized as part, but <u>not</u> all, of BSN education.	1	2	3	4	5
4. The difference between ADN and BSN programs is illusory; they actually coincide.	1	2	3	4	5
5. There is a general body of nursing knowledge and skills that is common to both ADN and BSN programs.	1	2	3	4	5
6. Graduates of community colleges should come to BSN programs with an associate degree in liberal arts that would prepare them for upper division work in nursing, rather than coming to BSN programs with an associate degree in nursing and RN licensure.	1	2	3	4	5
7. Once a nurse is socialized into ADN education, s/he is <u>not</u> likely to change and be socialized into professional education.	1	2	3	4	5

- 2 -

	1 Strongly Agree	2 Agree	3 Undecided	4 Disagree	5 Strongly Disagree
8. It is <u>not</u> likely that a AD RN who graduated more than five years ago will learn to conceptualize professional nursing as is presently required in BSN programs.	1	2	3	4	5
9. There is a direct relationship between the intellectual level of the student and the level of nursing program that the student elects to enter.	1	2	3	4	5
10. Associate degree nursing education should be preparation for professional nursing education only for those students who do <u>not</u> have access to four-year programs for reasons of geography, financial problems, family responsibilities, or other personal reasons.	1	2	3	4	5
11. Strong philosophical beliefs of ADN program directors are a block to articulation efforts in Massachusetts.	1	2	3	4	5
12. Associate degree faculty members who hold a strong philosophical belief that articulation is <u>not</u> best for nursing is a major factor blocking articulation efforts.	1	2	3	4	5
13. Lack of a clear definition of nursing at the ADN and BSN levels is a major block to articulation.	1	2	3	4	5
14. Professionalism at the baccalaureate level can best be achieved through generic baccalaureate programs and <u>not</u> through articulation with ADN programs.	1	2	3	4	5
15. Faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs.	1	2	3	4	5
16. A major factor that prevents articulation from taking place is the strong philosophical belief of baccalaureate faculty members who do <u>not</u> feel that articulation between the two levels of programs is best for nursing.	1	2	3	4	5
17. The burden of articulation between ADN and BSN programs must rest with <u>ADN</u> program faculty.	1	2	3	4	5

	1	2	3	4	5
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
18. The burden of articulation between ADN and BSN programs must rest with <u>BSN</u> program faculty.	1	2	3	4	5
19. Strong philosophical beliefs of BSN program deans and directors are a block to articulation efforts in Massachusetts.	1	2	3	4	5
20. The need to protect existing program territoriality is an inhibitor to articulation efforts within Massachusetts.	1	2	3	4	5
21. Lack of trust between faculties of the two levels of programs in regard to quality of teaching is a block to articulation efforts.	1	2	3	4	5
22. During the academic year, lack of released time to devote to cooperative efforts between ADN and BSN programs is a barrier to articulation.	1	2	3	4	5
23. Unless funds can be found to pay faculty members for the time required outside of the academic year, the work that articulation of programs requires <u>cannot</u> be done.	1	2	3	4	5
24. Because of the multiple themes and approaches to nursing that are provided by the seven BSN and fourteen ADN programs in the public sector, articulation in Massachusetts is <u>not</u> possible.	1	2	3	4	5
25. Associate degree programs within Massachusetts teach content at different levels of sophistication, hence it is difficult for a BSN program to articulate with more than one ADN program.	1	2	3	4	5
26. National League for Nursing accreditation policies concerning educational mobility of RNs act as a deterrent to articulation efforts.	1	2	3	4	5
27. An NLN accredited ADN program gives the necessary prerequisite knowledge and skills for the baccalaureate level study of nursing.	1	2	3	4	5
28. Professionalism at the baccalaureate level can be achieved through a career ladder approach to nursing education.	1	2	3	4	5
29. ADN program directors in the community college system in Massachusetts are a driving force to encourage the acceptance of their graduates by transfer of credits into BSN programs.	1	2	3	4	5

	1	2	3	4	5
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
30. Cost containment efforts within the system of higher education in Massachusetts will force articulation efforts.	1	2	3	4	5
31. ADN RNs are, or will be, a major driving force in Massachusetts to encourage acceptance by transfer into BSN programs.	1	2	3	4	5
32. The declining numbers of high school graduates will encourage, if not force, baccalaureate programs to search out AD graduates as a new source of supply of students.	1	2	3	4	5
33. If faculty members, including program directors and deans, are committed to the concept of articulation, the work will follow that is needed to accomplish the goal of articulation within the state.	1	2	3	4	5
34. At present there is a redundancy, an overlapping of content between the ADN and BSN programs in public higher education in Massachusetts, that we can ill afford.	1	2	3	4	5
35. It should be possible for an ADN RN to move within 5 years of graduation to the BSN level of education without taking challenge exams in the basic areas of nursing.	1	2	3	4	5
36. Economic forces such as Proposition 2½, restricted state funds for public higher education, and the decline of federal funds, will force nursing programs to articulate in order to survive.	1	2	3	4	5
37. Social forces such as the changing role of women and their desire for status will encourage articulation efforts through increased RN demands.	1	2	3	4	5
38. The Massachusetts Board of Regents for Higher Education will eventually mandate articulation, much as was done by the California legislature.	1	2	3	4	5
39. Articulation between two- and four-year programs in Massachusetts is possible if the process assumes a downward direction; i.e., designing lower level programs to fit into upper level organization of curricula.	1	2	3	4	5

	1	2	3	4	5
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
40. Articulation between two- and four-year programs in Massachusetts is possible if the process is designed upward; i.e., imposing lower level programs on upper level organization of curricula.	1	2	3	4	5
41. At present, in order for articulation between ADN and BSN education to become a reality in Massachusetts, both levels of programs have to evaluate and adjust their curricula.	1	2	3	4	5
42. ADN and BSN programs can be articulated only if faculty from one specific ADN program work with faculty from one specific BSN program to establish integrated curricula between the two.	1	2	3	4	5
43. A nurse facilitator who is very knowledgeable about human behavior and group dynamics is needed to work with faculties across the state in order to stimulate thinking and attitude changes concerning articulation.	1	2	3	4	5
44. We would have better prepared nurses in the Commonwealth if we let ADN programs teach problem solving and basic knowledge and skills, while BSN programs concentrated on more advanced skills, leadership, community health concepts, and preparation for graduate work.	1	2	3	4	5
45. To facilitate articulation within the state, faculties from both levels of programs need to decide on common core nursing courses acceptable for transfer credit from the ADN to the BSN level.	1	2	3	4	5
46. The best strategy for reducing the confusion in nursing education while preparing a competent practitioner is to work for one entry level into the profession, and that level should be the BSN degree.	1	2	3	4	5
47. Transfer credit from ADN courses should be accepted by BSN programs, just as credits from liberal arts and sciences are accepted.	1	2	3	4	5
48. Graduation from an ADN program, plus licensure as an RN, should be a requirement for entrance into BSN programs in the system of public higher education in Massachusetts.	1	2	3	4	5
49. The best way for statewide articulation between ADN and BSN programs to happen is by mandate from the Massachusetts Board of Regents for Higher Education.	1	2	3	4	5

	1 Strongly Agree	2 Agree	3 Undecided	4 Disagree	5 Strongly Disagree
50. BSN programs should assist educational mobility for AD RNs for only the next five years. After that, career ladder programs should be eliminated.	1	2	3	4	5
51. ADN programs which are technical and terminal make for a second class educational system and should be phased out.	1	2	3	4	5
52. Articulation between two- and four-year programs in Massachusetts can best be accomplished among clusters of colleges in geographically prescribed areas of the state.	1	2	3	4	5
53. Standardized admission criteria for ADN and BSN programs in public higher education throughout the state would aid articulation efforts.	1	2	3	4	5
54. Dispersment of information concerning the methodology of the pilot study on articulation between Berkshire Community College and the University of Massachusetts would be helpful as a model for further efforts within the state.	1	2	3	4	5
55. Articulation of programs in Massachusetts will happen only when nursing program deans and directors want it to happen and lead the way.	1	2	3	4	5
56. A system should be established in public higher education in Massachusetts whereby an associate degree in nursing and RN licensure would be required for entrance into a BSN program.	1	2	3	4	5
57. Massachusetts should eliminate the present chaotic system of educational mobility in this state by closing ADN programs; RNs should be prepared at the BSN level.	1	2	3	4	5
58. There should be a career ladder in nursing education in Massachusetts whereby BSN programs build upon previously learned content in ADN programs.	1	2	3	4	5
59. Articulation should be promoted only for those RNs presently in the system; the two levels of education that lead to RN licensure should not be perpetuated.	1	2	3	4	5
60. Articulation between ADN and BSN programs should be the top priority effort for planning in nursing within the system of higher education in Massachusetts.	1	2	3	4	5

PART II

DIRECTIONS: Please indicate your reply to each question below by providing a short answer or by checking your response. This information will be used in helping to understand responses to the survey just completed.

1. In which type of nursing program are you presently employed:

Associate Degree in Nursing (ADN) _____
 Bachelor of Science in Nursing (BSN) _____

2. To the nearest year, how old are you? _____

3. What was your basic preparation for RN licensure?

Diploma _____
 ADN _____
 BSN _____
 Masters _____

4. What is the highest degree you have attained?

Associate in Arts or Science (ADN) _____
 Bachelor in Arts or Science (BSN) _____
 Masters in Nursing (MSN) _____
 Masters in Education (M.Ed.) _____
 Doctorate in Nursing Science (DNS) _____
 Doctorate in Philosophy (Ph.D.) _____
 Doctorate in Education (Ed.D.) _____
 Other _____

If you checked "other" above, please specify _____

5. In what year did you receive your highest degree? _____

6. Are you presently working toward a baccalaureate degree?

Yes _____
 No _____

Are you presently working toward a master's degree?

Yes _____
 No _____

Are you presently working toward a doctorate?

Yes _____
 No _____

7. How many years have you taught nursing in a diploma program? _____

ADN program? _____
 BSN program? _____
 MSN program? _____
 Doctoral program? _____

8. Since September 1977, which category below best typifies the students you have taught?

generic students only _____
 RN students only _____
 both generic and RN students _____
 neither generic nor RN students _____

9. Are you the dean or director of this nursing program? Yes _____ No _____

APPENDIX E
COVER LETTER
QUESTION SHEET

PHYLLIS Y. LORD, R.N., M.S.N.

57 Alba Avenue
Pittsfield, Massachusetts 01201

Phone: Office (413) 499-4660 (ext. 284)
Home (413) 499-7332

Dear Colleague:

I am writing to ask for your help in pilot testing a survey instrument to be used to determine faculty perception of articulation between public two- and four-year collegiate nursing programs in Massachusetts. As you know, this is an issue of current consideration and concern in this state and across the nation.

Your program was chosen as one of those for the pilot test as it is outside of the sample population that I will be surveying. Only associate degree and generic baccalaureate programs that are NLN accredited within the Massachusetts system of public higher education will be included in the survey.

I spoke with your program director recently about this project, and asked for the number of faculty members in your program who fit the criteria for inclusion; i.e., full-time people who have completed a minimum of one year of college teaching or administration at the associate degree or baccalaureate level of nursing education. Directors are included in this broad definition of faculty. Your participation will be a big help to me personally as a graduate student in the School of Education at the University of Massachusetts, and will make a contribution to efforts to more fully understand articulation issues.

For the purpose of the study, articulation is defined as, "the process of bridging programs in such a way as to provide for the efficient, forward progress of graduates from the associate degree nursing level to the baccalaureate level in nursing. Implicit in this process is the organization of instruction into a harmonious whole."

The enclosed survey consists of two parts - a section that asks for your perception of articulation, and a demographic component. It can be completed in 30 minutes or less. A yellow sheet is also attached with a few questions for your consideration pertaining to the items and questions. There is, also room on the sheet for comments. You may be assured of complete confidentiality as your name is not to appear on the instrument.

Please seal the completed survey in the white envelope that is attached, and return to the director of your program by March 12, 1982. Your director will then return all of the envelopes to me.

I greatly appreciate your participation in this study. If you have any questions or concerns, please feel free to call me on your Watts line at my office number, or call me collect at home. A copy of the findings of the completed study will be sent to the director of your program. In addition, the results will be shared with nursing education planning groups to whom the information may be helpful. I thank you in advance for your invaluable assistance.

Sincerely yours,

Phyllis Y. Lord

Phyllis Y. Lord, R.N., M.S.N.
Doctoral Candidate, School of Education
University of Massachusetts
Amherst, MA

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Attachments

1. Were there any items that were not clear? Please explain:

2. Did you find items that you felt could be omitted and why?

3. Did you think of any items that could have been included?

4. Other comments?

APPENDIX F

LETTER TO PROGRAM DIRECTORS FOR
PILOT TEST OF QUESTIONNAIRE

57 Alba Avenue
Pittsfield, MA 01201
March 8, 1982

Mrs. Margaret Craig
Director, Dept. of Nursing
Greenfield Community College
One College Drive
Greenfield, MA 01301

Dear Mrs. Craig:

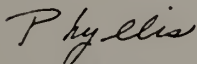
Many thanks for your willingness to participate in pilot testing the survey instrument for my dissertation study on faculty perceptions of articulation between public two- and four-year collegiate nursing programs in Massachusetts.

Enclosed are 8 copies of a cover letter and the instrument for distribution to those faculty members to whom the criteria apply. As I mentioned during our telephone conversation, for inclusion in the study and in the pilot test, each full-time faculty member must have completed a minimum of one year of college teaching or administration at the associate degree or baccalaureate level of nursing education. Directors are included in this broad definition of faculty.

Attached to each survey instrument is a white envelope. Directions to faculty members include sealing the completed survey in the envelope and returning it to you by Friday, March 12, 1982. I am enclosing a stamped, self-addressed, brown envelope in which you may collect the white envelopes, and then send it on to me at your earliest convenience. I will be back in touch with you at the end of the week to see how the collection is coming. Your understanding of the time frame in which I am trying to accomplish this task is greatly appreciated. I am hoping to be able to have the final draft of the survey printed and sent throughout the State by April 1, 1982.

Again, I truly appreciate your help in this study. If you have any questions or concerns, please feel free to call me on your Watts line at my office number (413) 499-4660, Ext. 284, or call me collect at home (413) 499-7332. You will be included on the list of deans and directors who have participated in the project, and to whom a copy of the findings will be sent. I thank you in advance for your invaluable assistance.

Sincerely yours,



Phyllis Y. Lord, R.N., M.S.N.
Doctoral Candidate, School of Education
University of Massachusetts
Amherst, Massachusetts

bb

Enclosures

57 Alba Avenue
Pittsfield, MA 01201
March 8, 1982

Mrs. Rachel Chandler
Director, Division of Nursing
American International College
Springfield, MA 01109

Dear Mrs. Chandler:

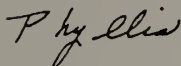
Many thanks for your willingness to participate in pilot testing the survey instrument for my dissertation study on faculty perceptions of articulation between public two- and four-year collegiate nursing programs in Massachusetts.

Enclosed are 8 copies of a cover letter and the instrument for distribution to those faculty members to whom the criteria apply. As I mentioned during our telephone conversation, for inclusion in the study and in the pilot test, each full-time faculty member must have completed a minimum of one year of college teaching or administration at the associate degree or baccalaureate level of nursing education. Directors are included in this broad definition of faculty.

Attached to each survey instrument is a white envelope. Directions to faculty members include sealing the completed survey in the envelope and returning it to you by Friday, March 12, 1982. I am enclosing a stamped, self-addressed, brown envelope in which you may collect the white envelopes, and then send it on to me at your earliest convenience. I will be back in touch with you at the end of the week to see how the collection is coming. Your understanding of the time frame in which I am trying to accomplish this task is greatly appreciated. I am hoping to be able to have the final draft of the survey printed and sent throughout the State by April 1, 1982.

Again, I truly appreciate your help in this study. If you have any questions or concerns, please feel free to call me on your Watts line at my office number (413) 499-4660, Ext. 284, or call me collect at home (413) 499-7332. You will be included on the list of deans and directors who have participated in the project, and to whom a copy of the findings will be sent. I thank you in advance for your invaluable assistance.

Sincerely yours,



Phyllis Y. Lord, R.N., M.S.N.
Doctoral Candidate, School of Education
University of Massachusetts
Amherst, Massachusetts

bb

Enclosures

APPENDIX G

QUESTIONNAIRE CONCERNING FACULTY
PERCEPTIONS OF ARTICULATION

QUESTIONNAIRE CONCERNING FACULTY PERCEPTIONS OF ARTICULATION

Part I

DIRECTIONS: Listed below are statements concerned with articulation in Massachusetts. Each item is followed by five numbers indicating a scale on which 1 = strongly agree, 2 = agree, 3 = undecided, 4 = disagree, and 5 = strongly disagree. Please circle the number for each item that best indicates the extent to which you agree or disagree.

	1	2	3	4	5
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Strong philosophical beliefs of associate degree in nursing (<u>ADN</u>) <u>faculty members</u> are a block to articulation efforts.	1	2	3	4	5
2. Strong philosophical beliefs of <u>ADN program directors</u> are a block to articulation efforts.	1	2	3	4	5
3. Strong philosophical beliefs of bachelor of science in nursing (<u>BSN</u>) <u>faculty members</u> are a block to articulation efforts.	1	2	3	4	5
4. Strong philosophical beliefs of <u>BSN program deans and directors</u> are a block to articulation efforts.	1	2	3	4	5
5. Lack of a clear definition of nursing at the ADN and BSN levels is a major block to articulation.	1	2	3	4	5
6. The need to protect existing program territoriality is a block to articulation.	1	2	3	4	5
7. Lack of trust between faculties of the two levels of programs in regard to quality of teaching is a block to articulation.	1	2	3	4	5
8. Associate degree nursing education should be preparation for professional nursing education only for those students who do not have access to four-year programs for reasons of geography, financial problems, family responsibilities, or other personal reasons.	1	2	3	4	5

	1 Strongly Agree	2 Agree	3 Undecided	4 Disagree	5 Strongly Disagree
9. Professionalism at the baccalaureate level can best be achieved through generic baccalaureate programs and <u>not</u> through articulation with ADN programs.	1	2	3	4	5
10. An associate degree RN who graduated more than five years ago will <u>not</u> learn to conceptualize professional nursing as is presently required in BSN programs.	1	2	3	4	5
11. Faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs.	1	2	3	4	5
12. Successful socialization into baccalaureate nursing is impossible when initial socialization is at the associate degree level.	1	2	3	4	5
13. There is a direct relationship between the intellectual level of the student and the level of nursing program that the student elects to enter.	1	2	3	4	5
14. Because of the multiple themes and approaches to nursing that are provided by the seven BSN and fourteen ADN programs in the public sector, articulation in Massachusetts is not possible.	1	2	3	4	5
15. Associate degree programs teach content at different levels of sophistication, hence it is difficult for a BSN program to articulate with more than one ADN program.	1	2	3	4	5
16. National League for Nursing accreditation policies concerning educational mobility of RNs act as a deterrent to articulation efforts.	1	2	3	4	5
17. Social forces such as the changing role of women and their desire for status will encourage articulation efforts through increased RN demands.	1	2	3	4	5
18. Economic forces such as Proposition 2½, restricted state funds for public higher education, and the decline of federal funds, will stimulate articulation efforts.	1	2	3	4	5
19. The declining numbers of high school graduates will encourage, if not force, baccalaureate programs to search out AD graduates as a new source of supply of students.	1	2	3	4	5
20. If faculty members, including program directors and deans, are committed to the concept of articulation, the work will follow that is needed to accomplish the goal of articulation within the state.	1	2	3	4	5

	1	2	3	4	5
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
21. ADN RNs are, or will be, a major driving force to encourage acceptance by transfer into BSN programs.	1	2	3	4	5
22. An NLN accredited ADN program gives the necessary prerequisite knowledge and skills for the baccalaureate level study of nursing.	1	2	3	4	5
23. Rewards, such as released time and/or pay for time required outside of the academic year, will motivate faculty members to work on articulation.	1	2	3	4	5
24. Professionalism at the baccalaureate level can be achieved through a career ladder approach to nursing education.	1	2	3	4	5
25. The Massachusetts Board of Regents for Higher Education will eventually mandate articulation, much as was done by the California legislature.	1	2	3	4	5
26. Articulation of programs in Massachusetts will happen only when nursing program deans and directors want it to happen and lead the way.	1	2	3	4	5
27. Articulation between two- and four-year programs is possible if ADN programs assume the responsibility for adjusting to BSN curricula.	1	2	3	4	5
28. Articulation between two- and four-year programs is possible if BSN programs assume the responsibility for building upon ADN competencies.	1	2	3	4	5
29. In order for articulation between ADN and BSN education to become a reality, both levels of programs have to evaluate and adjust their curricula.	1	2	3	4	5
30. To facilitate articulation, transfer credit from ADN courses should be accepted by BSN programs, just as credits from liberal arts and sciences are accepted.	1	2	3	4	5
31. A nurse facilitator who is very knowledgeable about human behavior and group dynamics is needed to work with faculties to stimulate thinking and attitude changes concerning articulation.	1	2	3	4	5
32. Articulation between two- and four-year programs can best be accomplished among clusters of colleges in geographically prescribed areas of the state.	1	2	3	4	5
33. Standardized admission criteria for ADN and BSN programs in public higher education would aid articulation efforts.	1	2	3	4	5
34. ADN programs that teach nursing process and basic knowledge and skills, and BSN programs that concentrate on advanced skills, leadership, community health and preparation for graduate work, would result in better prepared nurses.	1	2	3	4	5

	1	2	3	4	5
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
35. Graduation from an ADN program, plus RN licensure, should be a requirement for entrance into BSN programs in the system of public higher education in this state.	1	2	3	4	5
36. Graduates of community colleges should come to BSN programs with an associate degree in liberal arts that would prepare them for upper division work in nursing, rather than coming to BSN programs with an associate degree in nursing and RN licensure.	1	2	3	4	5
37. Articulation should be promoted only for those RNs presently in the system; the two levels of education that lead to RN licensure should not be perpetuated.	1	2	3	4	5
38. The best strategy for reducing the confusion in nursing education while preparing a competent practitioner is to work for one entry level into the profession, and that level should be the BSN degree.	1	2	3	4	5
39. The best way for statewide articulation between ADN and BSN programs to happen is by mandate from the Massachusetts Board of Regents for Higher Education.	1	2	3	4	5

Part II

Directions: The four statements listed below, and the Venn diagrams following each statement, describe possibilities in the relationship between associate degree programs in nursing (ADN) and bachelor of science programs in nursing (BSN).^{} Please check only one; the one that best describes your perception of their relationship.*

40. ADN programs are technical and terminal and, therefore, are not compatible with BSN programs which are professional and provide the basis for graduate study.



41. There is some overlap between ADN and BSN programs, but each level has some elements that are unique to it.



42. ADN education can be conceptualized as part, but not all, of BSN education; i.e., there is a general body of nursing knowledge and skills that is common to both ADN and BSN programs.



^{*}Adapted from Barbara J. Stevens with permission, "Program Articulation: What It Is and What It Is Not," Nursing Outlook 29 (December 1981): 700-706.

43. No differences exist between ADN and BSN preparation for nursing.



Part III

Directions: Listed below are two open ended statements. Please choose the one with which you agree and add your comments.

1. I am willing to support articulation efforts between public two- and four-year collegiate nursing programs in Massachusetts because

2. I am not willing to support articulation efforts between public two- and four-year collegiate nursing programs in Massachusetts because

Part IV

DIRECTIONS: Please indicate your reply to each question below by providing a short answer or by checking your response. This information will be used in helping to understand responses to the survey just completed.

1. In which type of nursing program are you presently employed:

Associate Degree in Nursing (ADN) _____
 Bachelor of Science in Nursing (BSN) _____

2. To the nearest year, how old are you? _____

3. What was your basic preparation for RN licensure?

Diploma _____
 ADN _____
 BSN _____
 Masters _____

4. What is the highest degree you have attained?

Associate in Arts or Science (ADN) _____
 Bachelor in Arts or Science (BSN) _____
 Masters in Nursing (MSN) _____
 Masters in Education (M.Ed.) _____
 Doctorate in Nursing Science (DNS) _____
 Doctorate in Philosophy (Ph.D.) _____
 Doctorate in Education (Ed.D.) _____
 Other _____

If you checked "other" above, please specify _____

5. In what year did you receive your highest degree? _____

6. Are you presently working toward a baccalaureate degree?

Yes _____
 No _____

Are you presently working toward a master's degree?

Yes _____
 No _____

Are you presently working toward a doctorate?

Yes _____
 No _____

7. How many years have you taught nursing in a diploma program? _____

ADN program? _____
 BSN program? _____
 MSN program? _____
 Doctoral program? _____

8. Since September 1977, which category below best typifies the students you have taught?

generic students only _____
 RN students only _____
 both generic and RN students _____
 neither generic nor RN students _____

9. Are you the dean or director of this nursing program? Yes _____ No _____

APPENDIX H

LETTER OF INTRODUCTION TO
PROGRAM DIRECTORS


Berkshire Community College

West Street Pittsfield, Massachusetts 01201
413 499-4660



October 26, 1981

Dear

I am a graduate student in the School of Education at the University of Massachusetts and as such, I am writing to request your participation in a study concerning articulation between two- and four-year nursing programs in Massachusetts.

As you know, educational mobility for associate degree graduates is an issue that has been under consideration for quite some years in Massachusetts. Baccalaureate programs have responded by providing various methods to assist RNs toward achieving a bachelor of science degree in nursing (BSN). Despite this effort many nurses find access to baccalaureate education difficult. A general reluctance appears to exist on the part of faculty and deans or department chairpersons to work aggressively for the development of appropriate curricula and program offerings for RNs, according to the MNA Status Report on Nursing in Massachusetts/1979 by Chopoorian and Craig. A number of reasons are conjectured for this lack of purposeful attention (pp. 59-61).

For my dissertation at the University I am planning a study to ascertain faculty (including program directors) perceptions of articulation between two- and four-year collegiate nursing programs in Massachusetts. I am defining articulation as the process of bridging programs in such a way as to provide for the efficient, forward progress of graduates from the AD nursing level to the baccalaureate level, with the organization of instruction into a harmonious whole included in the process.

Specifically, the objectives will be to ascertain faculty perceptions of compatibility or incompatibility of articulation between the two levels of programs, blocks, barriers, or inhibitors to articulation, and supports, aids or motivators for articulation; to ascertain strategies by which faculty perceive that articulation between the two levels of programs might be encouraged or discouraged; and to determine participants' expressed willingness or unwillingness to promote articulation efforts within the system of higher education in Massachusetts.

Methodology for the study will include two parts. The first part involves interviews with randomly selected nursing faculty from U. Mass./Amherst and from my own program here at Berkshire Community College. The second part will employ the data collected from the interviews to develop a questionnaire

Page 2
October 26, 1981

which will then be sent to nurse educators in the remaining public two- and four-year nursing programs throughout Massachusetts.

From the study will be drawn implications and recommendations that may be useful to the profession. Results will be shared with those requesting them.

I am writing to seek your cooperation in this effort. I need a list of names and addresses of your faculty members who fit the criteria for inclusion in the study. The criteria include full-time faculty who have completed a minimum of one year of college teaching or administration at the associate degree or baccalaureate level. Only those programs that are NLN accredited will be included.

I will be attending the NECHEN conference at the Harley Hotel in Enfield, Connecticut on November 5 and 6, 1981, and would be pleased to meet with you immediately after the Thursday afternoon session to answer any questions you may have. If you are not attending the conference, or if I should miss you there, I will call you the week of November 9, 1981. If it would be more convenient for you to call me, I can be reached each weekday from 8:30 a.m. to 4:30 p.m. at (413) 499-4660, ext. 284.

Thank you for your consideration.

Sincerely,

Phyllis Y. Lord, Chairperson
Division of Nursing

PYL/sjd

APPENDIX I

LETTER OF REQUEST TO
EACH PARTICIPANT

Phyllis Y. Lord, R.N., M.S.N.

57 Alba Avenue
Pittsfield, Massachusetts 01201

Phone Office (413) 499-4660 (Ext 284)
Home (413) 499-7332

Dear Colleague:

I am writing to ask for your help in a study of faculty perceptions of articulation between public two- and four-year collegiate nursing programs in Massachusetts. As you know, this is an issue of current consideration and concern in this state and across the nation.

Your name was obtained last fall when I asked deans and directors of collegiate nursing programs in the Commonwealth for a list of full-time faculty who had completed a minimum of one year of college teaching or administration at the associate degree or baccalaureate level of nursing education. Deans and directors are included in the broad definition of faculty. Your participation will be a big help to me personally as a graduate student in the School of Education at the University of Massachusetts, and will make a contribution to efforts to more fully understand articulation issues.

For the purpose of the study, articulation is defined as, "the process of bridging programs in such a way as to provide for the efficient, forward progress of graduates from the associate degree nursing level to the baccalaureate level in nursing. Implicit in this process is the organization of instruction into a harmonious whole."

The enclosed survey instrument consists of four parts: the first section asks for your perceptions of articulation; the second, for your perception of the relationship between associate degree and baccalaureate nursing programs; the third asks for your comments regarding articulation; and the fourth is a demographic component. It can be complete in 30 minutes or less. You may be assured of complete confidentiality. Information that is collected will be recorded as group data only.

A pre-stamped, self-addressed envelope has been included for your convenience. Coding on the envelope is for the purpose of determining those to whom reminders will be sent. I would appreciate your return of the completed survey no later than April 28, 1982.

I appreciate your participation in this study. If you have any questions or concerns, please feel free to call me on your Watts line at my office number or call me collect at home. A copy of the findings will be sent to the deans and directors of those schools of nursing who have participated in the project. In addition, the results will be shared with nursing education planning groups to whom the information may be helpful. I thank you in advance for your invaluable assistance.

Sincerely yours,

Phyllis Y. Lord

Phyllis Y. Lord, R.N., M.S.N.
Doctoral Candidate, School of Education
University of Massachusetts
Amherst, Massachusetts

enclosures

APPENDIX J
CONTENT OF POSTCARD REMINDER

April 26, 1982

Dear Colleague:

Two weeks ago you received a questionnaire concerning faculty perceptions of articulation between public two- and four-year collegiate nursing programs in Massachusetts. This is just a reminder to ask your help in completing and returning that questionnaire. If you have already done so, thank you. If not, your reply is needed to help in assessing faculty perceptions concerning this vital issue.

Thank you for your cooperation.

Sincerely,

Phyllis Y. Lord, RN, MSN

APPENDIX K
LETTER OF REQUEST TO
NONRETURNEES

Phyllis Y. Lord, R.N., M.S.N.

57 Alba Avenue
Pittsfield, Massachusetts 01201

Phone: Office (413) 499-4660 (Ext. 284)
Home (413) 499-7332

Dear Colleague:

Because I want very much to have your input, I am writing again to ask for your help in a study of faculty perceptions of articulation between public two- and four-year collegiate nursing programs in Massachusetts. As you know, this is an issue of current consideration and concern in this state and across the nation.

Your name was obtained last fall when I asked deans and directors of collegiate nursing programs in the Commonwealth for a list of full-time faculty who had completed a minimum of one year of college teaching or administration at the associate degree or baccalaureate level of nursing education. Deans and directors are included in the broad definition of faculty. Your participation will be a big help to me personally as a graduate student in the School of Education at the University of Massachusetts, and will make a contribution to efforts to more fully understand articulation issues.

For the purpose of the study, articulation is defined as, "the process of bridging programs in such a way as to provide for the efficient, forward progress of graduates from the associate degree nursing level to the baccalaureate level in nursing. Implicit in this process is the organization of instruction into a harmonious whole."

I am enclosing another copy of my survey instrument. It consists of four parts: the first section asks for your perceptions of articulation; the second, for your perception of the relationship between associate degree and baccalaureate nursing programs; the third asks for your comments regarding articulation; and the fourth is a demographic component. It can be completed in 30 minutes or less. You may be assured of complete confidentiality. Information that is collected will be recorded as group data only.

A pre-stamped, self-addressed envelope has been included for your convenience. Coding on the envelope is only for the purpose of determining those to whom reminders may be sent. I would very much appreciate your return of the completed survey by May 20, 1982.

I will truly appreciate your participation in this study. If you have any questions, please feel free to call me on your Watts line at my office number or call me collect at home. A copy of the findings will be sent to the deans and directors of those schools of nursing who have participated in the project. In addition, the results will be shared with nursing education planning groups to whom the information may be helpful. I thank you in advance for your invaluable assistance.

Sincerely yours,

Phyllis

Phyllis Y. Lord, R.N., M.S.N.
Doctoral Candidate, School of Education
University of Massachusetts
Amherst, Massachusetts

Name
Hoping to hear
from you soon -

Enclosures

APPENDIX L

Perceptions of Pressures and Strategies Against and For
Articulation: Item Means, Standard Deviations and T-test
Results of Group Differences for BSN Directors and BSN
Faculty, and for ADN Directors and ADN Faculty

TABLE 6A

Perceptions of Pressures Against Articulation:
Item Means, Standard Deviations, and T-test Results of
Group Differences for BSN Directors (N=5)
and BSN Faculty (N=61)

<u>Item</u>	<u>BSN Directors Mean (SD)</u>	<u>BSN Faculty Mean (SD)</u>	<u>t df=64</u>
<u>PHILOSOPHICAL BELIEFS</u>			
4. Strong philosophical beliefs of <u>BSN program deans and directors</u> are a block to articulation efforts.	2.6(1.3)	3.2(1.1)	1.17
1. Strong philosophical beliefs of <u>ADN faculty members</u> are a block to articulation efforts.	3.0(1.0)	3.5(1.0)	1.04
2. Strong philosophical beliefs of <u>ADN program directors</u> are a block to articulation efforts.	3.0(1.0)	3.5(0.9)	1.24
3. Strong philosophical beliefs of <u>BSN faculty members</u> are a block to articulation efforts.	2.6(1.3)	3.1(1.2)	.93
<u>PROFESSIONALISM</u>			
9. Professionalism at the baccalaureate level can be achieved through generic baccalaureate programs and <u>not</u> through articulation with ADN programs.	2.0(1.2)	3.1(1.2)	1.98
12. Successful socialization into baccalaureate nursing is <u>impossible</u> when initial socialization is at the AD level.	4.0(1.2)	4.1(0.8)	.31

TABLE 6A (cont'd.)

<u>Item</u>	BSN Directors Mean (SD)	BSN Faculty Mean (SD)	<u>t</u> df=64
10. An associate degree RN who graduated more than five years ago will <u>not</u> learn to conceptualize professional nursing as is presently required in the BSN program.	3.6(1.1)	4.1(0.7)	1.35
8. Associage Degree nursing education should be pre-paration for professional nursing education only for those students who do <u>not</u> have access to four-year programs for reasons of geography, financial problems, family responsibilities, or other personal reasons.	4.8 (0.4)	3.9 (1.2)	1.54
5. Lack of a clear definition of nursing at the ADN and BSN levels is a major block to articulation.	2.4(1.5)	2.0(1.3)	.66
16. NLN accreditation policies concerning educational mobility of RNs act as a deterrent to articulation efforts.	3.6(0.9)	3.2(1.0)	1.01
<hr/> <u>NURSING PROGRAMS, FACULTY & STUDENTS</u>			
11. Faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs.	2.8(0.8)	3.8(0.9)	2.51*
15. AD programs teach content at different levels of sophistication, hence it is difficult for a BSN program to articulate with more than one ADN program.	2.8(1.1)	3.5(0.9)	1.56

TABLE 6A (cont'd.)

<u>Item</u>	<u>BSN Directors</u> Mean (SD)	<u>BSN Faculty</u> Mean (SD)	<u>t</u> df=64
14. Because of the multiple themes and approaches to nursing that are provided by the seven BSN and fourteen ADN programs in the public sector, articulation is not possible.	3.6(1.1)	3.9(0.8)	.79
7. Lack of trust between faculties of the two levels of programs in regard to quality of teaching is a block to articulation.	2.8(1.6)	2.8(1.3)	.08
13. There is a direct relationship between the intellectual level of the student and the level of nursing program that the student elects to enter.	3.6(1.1)	4.1(0.9)	1.14
6. The need to protect existing program territoriality is a block to articulation.	2.8(1.8)	2.5(1.3)	.44
*p < .05			
**p < .01			

TABLE 6B

Perceptions of Pressures Against Articulation:
Item Means, Standard Deviations, and T-test Results of
Group Differences for ADN Directors (N=9)
and ADN Faculty (N=64)

<u>Item</u>	<u>ADN Directors Mean (SD)</u>	<u>ADN Faculty Mean (SD)</u>	<u>t df=71</u>
<u>PHILOSOPHICAL BELIEFS</u>			
4. Strong philosophical beliefs of <u>BSN program deans and directors</u> are a block to articulation efforts.	2.1 (0.9)	2.2 (1.0)	.25
1. Strong philosophical beliefs of <u>ADN faculty members</u> are a block to articulation efforts.	4.0 (1.2)	4.0 (1.0)	0
2. Strong philosophical beliefs of <u>ADN program directors</u> are a block to articulation efforts.	4.0 (1.2)	4.0 (1.0)	.04
3. Strong philosophical beliefs of <u>BSN faculty members</u> are a block to articulation efforts.	2.2 (0.8)	2.6 (1.1)	.97
<hr/>			
<u>PROFESSIONALISM</u>			
9. Professionalism at the baccalaureate level can be achieved through generic baccalaureate programs and <u>not</u> through articulation with ADN programs.	4.4 (0.5)	4.2 (0.9)	.65
12. Successful socialization into baccalaureate nursing is <u>impossible</u> when initial socialization is at the AD level.	4.3 (0.5)	4.4 (0.7)	.28

TABLE 6B (cont'd.)

Item	ADN Directors Mean (SD)	ADN Faculty Mean (SD)	t df=71
10. An associate degree RN who graduated more than five years ago will <u>not</u> learn to conceptualize professional nursing as is presently required in the BSN program.	3.9 (0.9)	4.2 (0.6)	1.48
8. Associate degree nursing education should be preparation for professional nursing education only for those students who do <u>not</u> have access to four-year programs for reasons of geography, financial problems, family responsibilities, or other personal reasons.	4.6 (0.5)	4.2 (1.0)	1.25
5. Lack of a clear definition of nursing at the ADN and BSN levels is a major block to articulation.	2.0 (1.2)	2.2 (1.1)	.43
16. NLN accreditation policies concerning educational mobility of RNs act as a deterrent to articulation efforts.	2.8 (1.3)	3.2 (1.0)	1.13
----- <u>NURSING PROGRAMS, FACULTY & STUDENTS</u>			
11. Faculty who teach in BSN programs have a greater knowledge base than faculty who teach in ADN programs.	4.4 (0.5)	4.6 (0.6)	.82
15. AD programs teach content at different levels of sophistication, hence it is difficult for a BSN program to articulate with more than one ADN program.	4.1 (0.6)	3.8 (0.8)	1.18

TABLE 6B (cont'd.)

Item	ADN Directors Mean (SD)	ADN Faculty Mean (SD)	t df=71
14. Because of the multiple themes and approaches to nursing that are provided by the seven BSN and fourteen ADN programs in the public sector, articulation is not possible.	4.2(0.4)	4.1(0.7)	.40
7. Lack of trust between faculties of the two levels of programs in regard to quality of teaching is a block to articulation.	2.1(0.9)	2.4(1.1)	.87
13. There is a direct relationship between the intellectual level of the student and the level of the nursing program that the student elects to enter.	4.3(0.5)	4.2(0.9)	.56
6. The need to protect existing program territoriality is a block to articulation.	2.1(1.2)	2.5(1.1)	.89
*p < .05			
**p < .01			

TABLE 7A

Perceptions of Pressures for Articulation:
Item Means, Standard Deviations, and T-test Results of
Group Differences for BSN Directors (N=5)
and BSN Faculty (N=61)

<u>Item</u>	<u>BSN Directors Mean (SD)</u>	<u>BSN Faculty Mean (SD)</u>	<u>t df=64</u>
<u>SOCIAL, DEMOGRAPHIC, ECONOMIC/ POLITICAL FORCES</u>			
21. ADN RNs are, or will be a major driving force to encourage acceptance by transfer into BSN programs.	2.8 (0.8)	2.7 (0.9)	.24
19. The declining numbers of high school graduates will encourage, if not force, baccalaureate programs to search out AD graduates as a new source of supply of students.	3.2 (0.8)	2.9 (1.0)	.70
17. Social forces such as the changing role of women and their desire for status will encourage articulation efforts through increased RN demands.	2.2 (1.1)	2.4 (1.0)	.33
25. The Massachusetts Board of Regents of Higher Education will eventually mandate articulation, much as was done by the California legislature.	3.4 (0.9)	2.9 (0.7)	1.52
18. Economic forces such as Proposition 2½ restricted state funds for public higher education, and the decline of federal funds will stimulate articulation efforts.	3.2 (1.1)	2.7 (1.1)	.97

TABLE 7A (cont'd.)

<u>Item</u>	BSN Directors Mean (SD)	BSN Faculty Mean (SD)	<u>t</u> df=64
<u>PERSONAL INCENTIVES & BELIEFS ABOUT THE PROFESSION</u>			
22. An NLN accredited ADN program gives the necessary prerequisite knowledge and skills for the baccalaureate level of study of nursing.	3.8 (0.8)	3.1 (0.9)	1.60
23. Rewards, such as released time and/or pay for time required outside of the academic year, will motivate faculty members to work on articulation.	3.6 (0.5)	2.6 (1.0)	2.21*
24. Professionalism at the baccalaureate level can be achieved through a career ladder approach to nursing education.	3.0 (1.2)	2.5 (1.0)	1.03
20. If faculty members, including program directors and deans, are committed to the concept of articulation, the work will follow that is needed to accomplish the goal of articulation within the state.	2.8 (1.3)	2.0 (1.0)	1.72
*p < .05			
**p < .01			

TABLE 7B

Perceptions of Pressures for Articulation:
Item Means, Standard Deviations, and T-test Results of
Group Differences for ADN Directors (N=9)
and ADN Faculty (N=64)

<u>Item</u>	<u>ADN Directors Mean (SD)</u>	<u>ADN Faculty Mean (SD)</u>	<u>t df=71</u>
<u>SOCIAL, DEMOGRAPHIC, ECONOMIC/ POLITICAL FORCES</u>			
21. ADN RNs are, or will be a major driving force to encourage acceptance by transfer into BSN programs.	2.0(0.9)	2.1(0.6)	.47
19. The declining numbers of high school graduates will encourage, if not force baccalaureate programs to search out AD graduates as a new source of supply of students.	1.8(0.4)	2.3(0.9)	1.53
17. Social forces such as the changing role of women and their desire for status will encourage articulation efforts through increased RN demands.	1.8(08)	2.0(0.7)	.93
25. The Massachusetts Board of Regents of Higher Education will eventually mandate articulation, much as was done by the California legislature.	2.2 (0.8)	2.8(0.6)	2.30*
18. Economic forces such as Proposition 2½, restricted state funds for public higher education, and the decline of federal funds will stimulate articulation efforts.	3.0(1.0)	2.7(1.1)	.67

TABLE 7B (cont'd.)

Item	ADN Directors Mean (SD)	ADN Faculty Mean (SD)	t df=71
<u>PERSONAL INCENTIVES & BELIEFS ABOUT THE PROFESSION</u>			
22. An NLN accredited ADN program gives the necessary prerequisite knowledge and skills for the baccalaureate level of study of nursing.	2.0 (0.9)	2.0 (0.8)	.05
23. Rewards, such as released time and/or pay for time required outside of the academic year, will motivate faculty members to work on articulation.	1.9 (0.3)	2.0 (0.7)	.55
24. Professionalism at the baccalaureate level can be achieved through a career ladder approach to nursing education.	2.4 (1.2)	1.9 (0.7)	2.10*
20. If faculty members, including program directors and deans, are committed to the concept of articulation, the work will follow that is needed to accomplish the goal of articulation within the state.	1.8 (0.7)	1.9 (0.8)	.57
*p < .05			
**p < .01			

TABLE 8A

Perceptions of Strategies to Encourage Articulation:
Item Means, Standard Deviations, and T-test Results of
Group Differences for BSN Directors (N=5)
and BSN Faculty (N=61)

<u>Item</u>	<u>BSN</u> <u>Directors</u> <u>Mean (SD)</u>	<u>BSN</u> <u>Faculty</u> <u>Mean (SD)</u>	<u>t</u> <u>df=64</u>
<u>ADJUSTMENTS OF CURRICULA AND LEADERSHIP WITHIN THE PROFESSION</u>			
34. ADN programs that teach nursing process and basic knowledge and skills, and BSN programs that concentrate on advanced skills, leadership, community health, and preparation for graduate work would result in better prepared nurses.	3.0 (1.2)	2.9 (1.2)	.18
28. Articulation between two- and four-year programs is possible if BSN programs assume the responsibility for building upon ADN competencies.	3.8 (0.5)	3.2 (0.9)	1.22
31. A nurse facilitator who is very knowledgeable about human behavior and group dynamics is needed to work with faculties to stimulate thinking and attitude changes concerning articulation.	3.2 (1.6)	2.6 (1.1)	1.15
27. Articulation between two- and four-year programs is possible if ADN programs assume the responsibility for adjusting to BSN curricula.	2.8 (1.0)	3.4 (0.8)	1.44
29. In order for articulation between ADN and BSN education to become a reality, both programs have to evaluate and adjust their curricula.	1.8 (0.5)	2.1 (1.1)	.69

TABLE 8A (cont'd.)

Item	BSN Directors	BSN Faculty	t df=64
	Mean (SD)	Mean (SD)	
26. Articulation of programs in Massachusetts will happen only when nursing program deans and directors want it to happen and lead the way.	3.4 (0.9)	2.7 (0.9)	1.50
<u>CHANGES in ADMISSION and TRANSFER REQUIREMENTS, and WORKING in CLOSE PROXIMITY TO EACH OTHER</u>			
30. To facilitate articulation, transfer credit from ADN courses should be accepted by BSN programs, just as liberal arts and sciences are accepted.	3.4 (1.3)	2.9 (1.0)	1.10
35. Graduation from an ADN program, plus RN licensure, should be a requirement for entrance into BSN programs in the system of public higher education in the state.	5.0 (0)	4.1 (1.1)	1.77
33. Standardized admission criteria for ADN and BSN programs in public higher education would aid articulation efforts.	3.4 (0.9)	2.6 (1.1)	1.58
32. Articulation between two- and four-year programs can best be accomplished among clusters of colleges in geographically prescribed areas of the state.	2.0 (0.8)	2.6 (0.9)	1.20

TABLE 8A (cont'd.)

<u>Item</u>	BSN Directors Mean (SD)	BSN Faculty Mean (SD)	<u>t</u> df=64
<u>STRATEGY FROM OUTSIDE THE PROFESSION</u>			
39. The best way for statewide articulation between ADN and BSN programs to happen is by mandate from the Massachusetts Board of Regents of Higher Education.	4.8 (0.4)	4.0 (1.1)	1.68
*p < .05			
**p < .01			

TABLE 8B

Perceptions of Strategies to Encourage Articulation:
Item Means, Standard Deviations, and T-test Results of
Group Differences for ADN Directors (N=9)
and ADN Faculty (N=64)

<u>Item</u>	<u>ADN Directors Mean (SD)</u>	<u>ADN Faculty Mean (SD)</u>	<u>t df=71</u>
<u>ADJUSTMENTS OF CURRICULA AND LEADERSHIP WITHIN THE PROFESSION</u>			
34. ADN programs that teach nursing process and basic knowledge and skills, and BSN programs that concentrate on advanced skills, leadership, community health, and preparation for graduate work would result in better prepared nurses.	1.8(0.7)	2.1(0.9)	1.11
28. Articulation between two- and four-year programs is possible if BSN programs assume the responsibility for building upon ADN competencies.	2.9(1.2)	2.5(1.0)	.94
31. A nurse facilitator who is very knowledgeable about human behavior and group dynamics is needed to work with faculties to stimulate thinking and attitude changes concerning articulation.	2.1(0.9)	2.2(1.0)	.13
27. Articulation between two- and four-year programs is possible if ADN programs assume the responsibility for adjusting to BSN curricula.	3.6(0.7)	3.6(0.9)	.02
29. In order for articulation between ADN and BSN education to become a reality, both programs have to evaluate and adjust their curricula.	1.9(0.3)	2.0(0.9)	.25

TABLE 8B (cont'd.)

<u>Item</u>	<u>ADN Directors Mean (SD)</u>	<u>ADN Faculty Mean (SD)</u>	<u>t</u> df=71
26. Articulation of programs in Massachusetts will happen only when nursing program deans and directors want it happen and lead the way.	2.9(1.2)	2.6(1.1)	.79
<u>CHANGES in ADMISSION and TRANSFER REQUIREMENTS and WORKING in CLOSE PROXIMITY TO EACH OTHER</u>			
30. To facilitate articulation, transfer credit from ADN courses should be accepted by BSN programs, just as liberal arts and sciences are accepted.	1.9(0.6)	2.0(0.9)	.30
35. Graduation from an ADN program, plus RN licensure, should be a requirement for entrance into BSN programs in the system of public higher education in the state.	3.1(1.2)	3.5(1.3)	.94
33. Standardized admission criteria for ADN and BSN programs in public higher education would aid articulation efforts.	2.6(1.1)	2.3(1.0)	.61
32. Articulation between two- and four-year programs can best be accomplished among clusters of colleges in geographically prescribed areas of the state.	2.8(1.0)	2.3(0.8)	1.45

TABLE 8B (cont'd.)

<u>Item</u>	ADN Directors Mean (SD)	ADN Faculty Mean (SD)	t df=71
<u>STRATEGY FROM OUTSIDE THE PRO- FESSION</u>			
39. The best way for statewide articulation between ADN and BSN programs to happen is by mandate from the Massachusetts Board of Regents of Higher Education.	3.3 (1.6)	3.5 (1.1)	.52
*p < .05			
**p < .01			

TABLE 9A

Perceptions of Strategies to Discourage Articulation:
Item Means, Standard Deviations, and T-test Results of
Group Differences for BSN Directors (N=5)
and BSN Faculty (N=61)

<u>Item</u>	<u>BSN Directors Mean (SD)</u>	<u>BSN Faculty Mean (SD)</u>	<u>t df=64</u>
38. The best strategy for reducing the confusion in nursing education while preparing a competent practitioner is to work for one entry level into the profession, and that level should be the BSN degree.	1.4 (0.5)	2.1 (1.2)	1.19
37. Articulation should be promoted only for those RNs presently in the system; the two levels of education that lead to RN licensure should <u>not</u> be perpetuated.	1.8 (0.5)	2.8 (1.4)	1.54
36. Graduates of community colleges should come to BSN programs with an associate degree in liberal arts that would prepare them for upper division work in nursing, rather than coming to BSN programs with an associate degree in nursing and RN licensure.	2.3 (0.5)	3.4 (1.2)	2.0
*p < .05			
**p < .01			

TABLE 9B

Perceptions of Strategies to Discourage Articulation:
Item Means, Standard Deviations, and T-test Results of
Group Differences for ADN Directors (N=9)
and ADN Faculty (N=64)

<u>Item</u>	<u>ADN Directors Mean (SD)</u>	<u>ADN Faculty Mean (SD)</u>	<u>t df=71</u>
38. The best strategy for reducing the confusion in nursing education while preparing a competent practitioner is to work for one entry level into the profession, and that level should be the BSN degree.	3.4 (1.1)	3.7 (1.3)	.56
37. Articulation should be promoted only for those RNs presently in the system; the two levels of education that lead to RN licensure should <u>not</u> be perpetuated.	4.0 (0.9)	4.1 (1.1)	.27
36. Graduates of community colleges should come to BSN programs with an associate degree in liberal arts that would prepare them for upper division work in nursing rather than coming to BSN programs with an associate degree in nursing and RN licensure.	4.2 (0.4)	4.2 (0.7)	.12
*p < .05			
**p < .01			

APPENDIX M

REASONS FOR WILLINGNESS OR UNWILLINGNESS
TO SUPPORT ARTICULATION EFFORTS

Reasons for Willingness or Unwillingness to Support Articulation Efforts

In order to preserve the flavor of the responses, additional reasons were separated by faculty group, BSN and ADN, and listed by category and according to willingness or unwillingness to support articulation efforts. No responses were given by either faculty group for unwillingness to support articulation in the Unity and Benefit of the Profession, and Economic categories. In addition, no responses were given by the ADN faculty group for unwillingness to support articulation in categories of Benefit to Students, Societal, Pragmatic, or Miscellaneous.

BSN Faculty Group

1) Benefit to Students: Willing to Support.

I feel many students directly out of high school are not ready to make a 4-year commitment to a major for several reasons - not enough information or experience; financial; scholarship related to [the] developmental process. Some young people do not have shining records in high school but given the opportunity and maturity do very well in an AD program. Success here provides the motivation to go on for a BSN. They can also work to help finance further education. The older student may not have had educational opportunities for various reasons. When they go to school their motivation is high and they usually do well, if they have the intellectual ability. It is sometimes difficult for them to conceptualize but this is true of some students at all levels.

It is time saving for students and faculty alike.

Many students at the high school level are mis-directed through poor counseling into programs that are not the best for them. Some students cannot attend 4-year colleges because of cost, especially room and board.

I am sensitive to those individuals who may initially select an ADN program and then may wish to continue their nursing education in a BS collegiate setting. Their 'obstacles' need to be minimized.

At present there simply are not adequate numbers of baccalaureate openings for basic students. Therefore, those students capable of baccalaureate preparation but blocked out due to space, money, or other personal reasons should not be precluded from continuing to the professional level.

In moving from an ADN to a BSN program, the student should not have to repeat ADN learning experiences and should have the nursing knowledge and skills she has acquired, recognized and built upon.

If the profession has lagged in formulating a solid educational tract, it should not rest on the AD graduate to take the consequences.

Persons entering the field are being subjected to a high degree of exploitation in their efforts to achieve career mobility.

Benefit to Students: Unwilling to Support.

Misplaced students are to be found in both BSN and ADN programs. Faculties, administrators, and guidance workers at high school and college level - as well as the public - should know more about what both kinds of education are offered so that students are challenged by appropriate offerings from high school days. I'm including getting bright high school students to take college prep courses, making them evaluate their capabilities realistically, urging them to defer final outcomes to the doctoral degree if they show that kind of intellectual promise.

Each program has different program objectives and curriculum designs. Students should be allowed an opportunity to test out on knowledge and skill outlined by specified programs and allowed to progress based on individual needs.

2) Philosophical: Willing to Support.

Graduates of AD programs should be able to move up the career ladder in nursing via further higher education to obtain a BSN and professional status.

No education should be terminal.

Nursing needs more well prepared practitioners, and the graduate of AD programs should have available the means to continue their education.

Nursing needs individuals who are motivated to prepare themselves for professional practice which is at the BS level.

I am a strong believer in freedom of choice and of multiple options for the achievement of individual goals.

I feel there is a need in nursing practice for both levels.

I feel that many ADN students/grads have potential for professional nursing; however, unless both sides modify their curricula to conform with a ladder approach, articulation will be a very difficult process.

I believe in the career ladder concept in [the] USA educational system.

Philosophical: Unwilling to Support

I believe that professional education is more likely to be achieved by the average nursing school applicant if s/he starts in at the program level (B.S. program) whose objective(s) lead to a scholarly approach to life work. Associate degree nursing emphasizes technical skills (rightly so, since nursing has been so based for many decades) and we will continue to require large numbers who are competent and satisfied with that level. The error is in promising the student [that] this is equal to collegiate preparation.

They are 2 philosophically different programs.

I believe one entry level into the profession should be our goal and feel [that] level should be the BSN degree.

I believe nurses should be educated, basically, at the baccalaureate level. All health care providers who are required to be licensed by the state, or certified by their professional organization, must have a minimum of a baccalaureate degree. Examples, physical therapists, occupational therapists, dietitians, nutritionists, pharmacists. I feel that nurses should be educated at a level no less. This is not to say that no ADN or diploma program is good, or that all BSN programs are of quality. If other professionals are educated in a total program, I find a layer-cake approach unacceptable.

They are distinctly different approaches to practicing nursing - one is technical and one is professional.

I see the BSN as the professional preparation for nursing. The articulation of programs will only confuse the issue and retard the acceptance of the BSN as the professional degree - both within the profession and in the public's eye.

3) Unity and Benefit of the Profession: Willing to Support.

At this point in time this [articulation] is reality based. Nurses need to support nurses.

As an interim program until 1 level of entry [is attained, it] should be articulation [until] the phasing out of AD programs.

I'm all for anything in process/education etc. which will ultimately lead to one category of nursing - preferably professional as I feel that the divisiveness within the profession creates a credibility gap in the public/consumer's mind.

I strongly feel that there would be less confusion in the profession if only one approach (BSN) to professional nursing education were adopted. However, since we do have two approaches, I believe AD and BSN faculties should work together to bring about a smooth transition from AD to baccalaureate education.

I believe if communication is open perhaps we will all be working toward the same goal of the best possible health care system.

More knowledge and information is needed - i.e., 'what is the state of the situation now' before articulation can be accepted or rejected. Faculty in each setting is ignorant of the other, I think. Efforts to raise awareness, exchange ideas, define the problem(s) and generate solutions must precede any rationale action. With my experience limited to teaching in a BSN program I do not feel comfortable answering questions about AD programs. I do believe however that it makes sense to use all the opportunities we have to consolidate and define nursing education and the profession from a united foundation.

4) Overall Planning: Willing to Support.

Agree [with articulation] - provided the applicant meets [the] same criteria for admissions and promotion. I do not feel that professors at baccalaureate level are against articulation and maybe the same can be said for professors at AD level.

Due to financial, life-style and sex-related characteristics, I recognize that AD programs present a more 'reachable' goal for many students. Therefore I would support an effort to draw on that pool in order to provide a reasonable and accountable transition to a BSN or professional level. However, I admit to a strong bias related to BSN as the only entry to professional nsg.; or if the 2 programs continue to co-exist, a much greater delineation of technical vs. professional characteristics [is needed]. Otherwise the BSN articulation can become confused with a necessary credentialing process with limited professional socialization occurring during the educational period.

[Articulation] is a way of addressing statewide differences in the 2 nursing education 'routes' and identifying common core course requirements for both types of programs. ... I believe there should be more uniformity and similarities in prescribed courses and curriculum frameworks.

I am in favor of articulation that is very carefully planned. I believe the ADN grad is a technician. However, I believe that great care must be taken to encourage those who wish to progress to the BSN level, in order to give as much transfer credit [as] possible - in order to decrease the length of time needed to attain the degree.

Overall Planning: Unwilling to Support.

We have [already] developed a part-time late afternoon and evening schedule to accommodate RN's from diploma as well as associate degree programs. There is tremendous pressure for entrance to the generic as well as the part-time program. Application rate and numbers are high.

5) Societal: Willing to Support.

[I am willing to support articulation efforts because] individual and community needs can be served. [It is] necessary to eliminate confusion and problems that result when multiple educational preparations exist - that state of affairs is peculiar to nsg. and not found in any other profession.

[It is] best done locally [and it is] time to eliminate confusion.

I feel we both need to work together to meet the nursing demands of present and future.

We could prepare better professional nurses - AD is more like LPN. I only question if the sciences in the community college would be compatible (equivalent) to that in the college.

We must reduce confusion about preparation to strengthen our recruitment efforts.

The role of the ADN and BSN in agencies must be clearly delineated both in role function, leadership areas and financially. This is crucial to the articulation process or the student receives very mixed messages related to the value and function of the BSN. ...I don't feel articulation can be successful without addressing the philosophy of the service organizations and more positively rewarding the professionalization gained via obtaining the BSN, with career options that recognize and utilize that knowledge.

Societal: Unwilling to Support.

There has to be a greater concern for the preparation of those nurses who have the legitimate responsibility to make independent judgments based on broad and sound knowledge and experience.

6) Pragmatic: Willing to Support.

I feel that this is the most realistic approach at present. Although I feel that entry level should be at the baccalaureate level for professional nursing, I recognize a 'technical' level of preparation and feel that articulation is a possibility .

At this point in time this is reality based. ...It is my belief that professional nursing should be at the master's level - at neither AD or BSN.

[I am willing to support articulation efforts because

it is] probably a practical matter - [it] will be forced by others (Regents, etc.) inevitable - therefore better for us to plan how to do it and to control [the] process rather than have others do it.

decreased numbers [of] high school students demand this.

for now that is [the] only recourse possible. To end public's confusion and nursing confusion, ultimately entire system needs to be changed.

Pragmatic: Unwilling to Support.

Nursing has been spinning its wheels for so long, that a change to full professional status seems unlikely in the face of dwindling finances and anti-intellectualism at the Federal level as well as in many health care agencies.

7) Economic: Willing to Support.

It is a sound economic approach. Articulation will assist nursing service in developing its care programs, salary scales, levels of responsibilities.

In these economic times, a ladder orientation is the major way to go. Secondly a ladder facilitates preparation. A BSN would then have at least 4 years of practicum!

All nurses should be professionally prepared or we are going to get in more difficulty in these economically deprived years - with fighting over jobs etc.

8) Miscellaneous: Willing to Support.

In order for this [articulation] to occur, [we] must have leadership and/or legislation mandating articulation which currently does not exist!

I feel that this [articulation] will be a big push in the future. If we as nursing educators do not work toward this, it will be forced upon us; and we will have to live with rules made by others, instead of those that we make ourselves. Also I believe that there is overlap between 2 and 4 year programs, and therefore articulation should be a reality.

The demand is there for increased mobility. Also with funding being cut and the number of students declining, this option makes sense.

Miscellaneous: Unwilling to Support.

'Articulation efforts' in this questionnaire is not defined. I am opposed to the California so-called model, if this is the thrust here.

I already work too hard, more is impossible.

ADN Faculty Group

1) Benefit to Students: Willing to Support.

The RN graduate of an AD program has the right to articulate to a BSN and receive top credit for previous preparation.

A nurse's needs, personal situation, life experience may change. Articulation is needed both for the nurse as a person, and nursing per se.

I believe we are committed to offering students opportunity to fulfill their potential through keeping mobility opportunities open to them.

RN AD grads as Massachusetts taxpayers have an innate right to higher education in state 4-year colleges which their tax dollars support.

I believe that there are many graduates from the two-year program who want and need to further prepare themselves in nursing. As it is now, many who are interested in obtaining a 4 year degree are held back by the thought and reality that it will take longer than 2 years and that the schools (4 year) have not encouraged the student to continue into the 4 year [program].

In the 12 years I have been teaching I have seen many RN students lose interest and faith in the system which instead of building upon previously gained knowledge continues to ask them to challenge. It's about time RNs were given credit!!

This [articulation] would provide an economical and educational plan for the prospective nursing student.

2) Philosophical: Willing to Support.

I believe ADN education gives depth of knowledge for a base for BSN education which gives more breadth of nursing knowledge.

I believe the professional nurse should have a B.S.

No one should be dead-ended in career development.

Careful consideration must be given to this articulation so that adjustments are not all one-sided and so that truly new learning takes place.

To state that any program is a terminal one is counter to all concepts of education.

I believe opportunities for educational mobility - career-ladder should exist for nurses.

I believe in the concept of articulation. I believe that the ultimate goal for most practitioners is a minimum of BS Ed. in order to maintain and progress in the work market. I believe entry skills together with sound introduction to nursing process can be achieved at the ADN level.

I firmly believe in the career ladder concept and upward mobility.

Every profession should provide its members with the potential for upward mobility using a 2 yr. core as its foundation.

Philosophical: Unwilling to Support.

I strongly believe that there should be one entry level into nursing at the BS level. Articulation perpetuates the belief that a NA [nurse's aide] can be an LPN [licensed practical nurse], an LPN an RN, etc., and the issue that these should be seen as terminal programs for some individuals is not stressed.

The ADN program is terminal.

The entrance requirements and depth and scholarship required should be greater in BS programs. The AD nurse should be a competent technical nurse.

3) Unity and Benefit to the Profession: Willing to Support.

Career mobility is essential to the promotion of the nursing profession.

Nursing is complex and becoming increasingly complex (with advanced technology etc.) and is wide in scope, therefore, 2 year and 4 year levels are necessary.

There is a need for the bright ADN graduate to continue her education so she can assume leadership positions.

Professional nursing will always need assistants at a lower level of preparation.

If the profession is to continue to progress toward a higher level of education for practitioners this is the only way to begin.

I believe the only way we will ever attain the status of a profession is to make BS education available to all RNs and ADNs who wish to pursue their education.

Faculty of both programs need to meet to share and learn together. There are common and unique elements in each program and both are necessary. In order to deliver more effective nsg. care we must collaborate.

It will facilitate the process if we do this, rather than a mandate. It's important [that] we learn how to work with each other.

We are in a state of confusion. Nursing needs to come together so levels do not divide us.

Nursing, in order to grow as a profession, must solve our internal problems such as articulation. It makes logical sense to me that an individual who graduates from an NLN accredited ADN program should be recognized and admitted to a BSN program. It is an insult to the

student, the ADN program, and the faculty not to recognize the initial nursing education endeavors.

4) Overall Planning: Willing to Support.

I believe academic freedom should be encouraged, but not become a stone around the student's neck; i.e., all programs should be able to clearly identify the essentials of their courses, develop CLEP exams and accept [that] basically there are many ways to obtain a (sound) theory base, not just 'college Z's' way.

It might help to define educational criteria for each [level] of program.

(Then) I believe it is imperative that we have separate licensing exams or a minimum RN and then an advanced exam for achieving the level of professional nurse. This must be defined or we will lose all chances of achieving professional status.

(However), much work needs to be done in exactly defining the uniqueness of each program as well as differences in nursing content.

There is knowledge and skills basic to both levels.

It would spur efforts to develop precise competencies of each level - a benefit to the profession.

Uniformity of offerings would occur, perhaps decreased duplication, decrease some [of the] confusion in rolls, and [nursing would be] forced to look at a common curriculum and many other good things.

Overall Planning: Unwilling to Support.

This [articulation] is further complicated by varying admission requirements and program standards.

5) Societal: Willing to Support.

If one is a nurse, she should not have to describe herself to tell what she is. The community would function better to meet their health needs if they could count on one baseline for nurses.

This [maximizing use of facilities and faculties] would provide an economical and educational plan for the prospective nursing student. These benefits would enlarge numbers of competent nurses available and limit the 'confusion' image of nursing today.

[I am willing to support articulation efforts because of the] high quality of ADN graduates (i.e., maturity, [and] past educational, life, and health care experiences) that will add to the quality of nursing care practiced.

There is a demonstrated need in this [geographic] area to facilitate such a process.

We need well educated nurses and one way to achieve this is to facilitate the education of ADN graduates.

All patients deserve the care provided by licensed (prepared) individuals who are competent in providing the levels of care needed.

6) Pragmatic: Willing to Support.

Unitl 1985 (if it becomes a reality) this [articulation] is necessary. And I am not sure if it will become any less necessary after 1985.

With our economy, the new board of Regents, assertive students, and enlightened faculty, hopefully the time for articulation is at hand.

The need for BSN graduates is upon us - advanced degrees allow for better mobility in the nursing job market - also provides leadership skill that is not a priority in ADN programs and provides a beginning into 'thinking' and 'explaining,' e.g. nursing research courses. Provide a more well rounded nurse - but BSN programs need to provide

a higher degree of nursing theory - now it seems to be a duplicate of ADN theory, and my experience was that the theory was more comprehensive in my ADN program than it was in my BSN program.

7) Economic: Willing to Support.

It [articulation] appears more financially sound.

[Articulation provides a] cost effective manpower base for staffing second care settings provided by ADN graduates [while a] leadership pool [is] developed and nurtured at the BSN [and] MSN level.

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E.H.

